



CITY OF KIRKLAND ACCIDENT REPORT FORM

Attached is the City's Accident Report Form to be used for reporting all accidents or injuries involving City employees and claims/occurrences which may result in alleged liability claims against the City. The affected employee should fill out the front of the Accident Report Form within 24 hours of the injury. Injured employee completes the front of the form. Supervisor completes the back. Both sign and date the form. Original is sent to the Safety/Risk Analyst or the Fire Department Safety Officer.

Departments are responsible for reporting serious occurrences immediately to WCIA or Evergreen Adjustment Services after hours and on weekends.

Claim for Damages forms may be obtained from the City Clerk's office or on the City's website. The City's claims contact person is Kathy Joyner. She should be verbally notified of all serious occurrences, including vehicle accidents.

The following are the phone numbers of the individuals to contact with reference to serious occurrences if a claims contact person is not available.

Evergreen Adjustment Service
1-800-933-4235
24 hours

WCIA:
206-575-6046
8am to 5pm weekdays

City of Kirkland
Kathy Joyner
425-587-3214
Tuesday - Friday; 6am - 5pm

City of Kirkland
Jim Lopez
425-587-3212
8am - 5pm weekdays

- Property Damage Personal Injury
 Vehicle Damage Equipment Damage



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I. GENERAL INFORMATION

Employee:	
Job Title:	
Department:	

II. DESCRIPTION OF ACCIDENT

Date:	Time:
Location of Accident:	
Describe what happened: Include what the injured person(s) was doing; what equipment, if any, was involved; general conditions; protective equipment in use; safety precautions followed; etc.	
Description of injury (include part of body affected and name of the object or substance which directly injured the employee)	
Were others injured in the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list and describe injury:	
Were any steps taken to correct or improve the situation at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what were they?	
Witnesses: List names, addresses and phone numbers.	

III. CAUSE OF ACCIDENT (To be filled out with the Supervisor) Insert X in correct field

Was the employee:	Yes	No	N/A	Was the tool/equipment:	Yes	No	N/A
Placed in the right job?				Adjusted correctly?			
Properly trained for the job?				Properly guarded?			
Experienced for the job?				In proper condition?			
Physically fit?				Would the accident have occurred if a different tool or piece of equipment had been used?			
In a safe position?				Was the employee using the proper personal protective equipment?			
Attentive to the job?				Was the accident site:			
Supplied with the proper tools?				Equipped with the proper tools?			
Properly Supervised / Accompanied?				Well lit?			
Was the tool/equipment:				Congested?			
Right for the job?				Noisy?			
Working Properly?				Clear of fumes and smoke?			
				Clean and Neat?			
Describe any other acts of commission or omission, or any other contributing factors to the accident (i.e. weather conditions):							
Was there any time lost from work due to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, how much? _____							
Is this report being filled out for precautionary reasons only? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Was a physician seen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name: _____							
Was an L&I Report filled out? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain: _____							
If hospitalized, list name of hospital and address: _____							
Was there any damage to a City vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Vehicle Number: _____ If yes, was a vehicle damage report filled out? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Distribution: Original to Safety/Risk Analyst or Fire Department Safety Officer; Copy to Supervisor and Employee