



City of Mesquite Employee Accident Report Form

Name of Injured Person: _____

Address of Injured Person: _____

Male Female Age or Approximate Age: _____

Facility Where Accident Occurred: _____

Time of Accident: _____ am/pm Location of Accident: _____

Full Description of How Accident Happened: _____

Extent of Injury: _____

Was Injured Person Given First Aid? _____ By Whom? _____

Type of Aid Given: _____

Was Ambulance called? No Yes By Whom? _____

Was Injured Transported by Ambulance? No Yes Where? _____

Name of Person(s) Notified: _____

Witness: 1. _____

Name

Address/Phone

Witness: 2. _____

Name

Address/Phone

Form Completed by: _____ Title: _____

Signature: _____

- This form to be completed promptly at the time and place of accident.
- Forward to supervisor within 24 hours.
- If incident involves serious injury, Department Head is to be contacted immediately.
- Use reverse side for any additional remarks or drawing if accident.



City of Mesquite
Addendum to Employee Report
Property Damage, Loss, Theft or Injury

Actions of Operator that may have Contributed to Occurrence: _____

Actions of Operator that may have Prevented Occurrence: _____

Instructions to Operator that may help Avoid a Reoccurrence: _____

Does a Policy or procedure exist covering this experience? Yes / No

Recommendations for a Policy or procedure _____

Equipment/Property: _____ Claim \$ _____ Source: _____

Owner: _____

Address: _____

Phone: _____

Signature of Dept. Head: _____ Date: _____

(This form must be completed as soon as practical, but no later than 24 hours. A copy must be submitted to Personnel Department.)