

PINAL COUNTY RISK MANAGEMENT  
**SUPERVISOR'S INVESTIGATION REPORT**

EMPLOYEE NAME:	CITIZEN NAME:	DATE AND TIME OF ACCIDENT/INCIDENT:
DEPARTMENT:	ADDRESS:	CITY/TOWN, STATE & ZIP:
ACCIDENT LOCATION (STREET ADDRESS)		TYPE OF ACCIDENT/INCIDENT: <input type="checkbox"/> VEHICLE/EQUIP. <input type="checkbox"/> NON-VEHICLE/EQUIP.

**INFORMATION ON VEHICLE AND EQUIPMENT ACCIDENTS**

INTERSECTING STREET OR HIGHWAY AND MILE POST NUMBER:	<input type="checkbox"/> INTERSECTION <input type="checkbox"/> NON-INTERSECTION	POLICE AGENCY AND REPORT NUMBER:
CITY:	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	COUNTY VEHICLE/EQUIPMENT NUMBER:
VEHICLE/EQUIPMENT INVOLVED WITH: (CHECK APPROPRIATE BOXES)	<input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER VEHICLE <input type="checkbox"/> OTHER (EXPLAIN):	<input type="checkbox"/> OTHER COUNTY VEHICLE NO. _____ <input type="checkbox"/> FIXED OBJECT

**WHAT HAPPENED?** (DESCRIBE WHAT TOOK PLACE OR WHAT CAUSED YOU TO MAKE THIS INVESTIGATION)


**WHY DID IT HAPPEN?** (GET ALL THE FACTS BY STUDYING THE JOB AND SITUATION INVOLVED. QUESTION: WHY, WHAT, WHERE, WHEN, WHO AND HOW)


**WHAT SHOULD BE DONE?** (DETERMINE WHICH ITEMS REQUIRE ADDITIONAL ATTENTION: EQUIPMENT, MATERIAL OR PEOPLE)


**WHAT HAVE YOU DONE THUS FAR?** (TAKE OR RECOMMEND ACTION, DEPENDING UPON YOUR AUTHORITY. FOLLOW-UP — WAS ACTION EFFECTIVE?)


**HOW WILL THIS IMPROVE OPERATIONS?** (OBJECTIVE: ELIMINATE JOB HINDRANCES)


INVESTIGATED BY:	TITLE:	DATE:
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FOR RISK MANAGEMENT PURPOSES ONLY	PREVENTABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	SEAT BELTS: <input type="checkbox"/> YES <input type="checkbox"/> NO
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REVIEWED BY:	TITLE:	DATE:	ACCIDENT REVIEW BOARD RECOMMENDATIONS:
DATE:			
SCHEDULED FOR HEARING WITH THE ACCIDENT REVIEW BOARD			