



**TORRANCE COUNTY**  
**ACCIDENT/INCIDENT/PROPERTY DAMAGE REPORT**  
MUST BE FILLED OUT FOR INCIDENTS, ACCIDENTS, PROPERTY DAMAGE WITH OR WITHOUT INJURY

Date of Report: \_\_\_\_\_, Time & Date Occurred: \_\_\_\_\_

How long in current position: \_\_\_\_\_

Location of Incident, Accident, Property Damage: \_\_\_\_\_

Day of week: Mon. \_\_\_\_, Tue. \_\_\_\_, Wed. \_\_\_\_, Thurs. \_\_\_\_, Fri. \_\_\_\_, Sat. \_\_\_\_, Sun. \_\_\_\_

Employee's Name: \_\_\_\_\_ Driver's License #. (If vehicle accident) \_\_\_\_\_

Property Involved: \_\_\_\_\_  
and/or

County Vehicle: Year & Make \_\_\_\_\_ Unit # \_\_\_\_\_

Vehicle License # \_\_\_\_\_ VIN # \_\_\_\_\_

Heavy Equip. Serial # \_\_\_\_\_ Mileage/Hrs \_\_\_\_\_

One Call Used: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmation # \_\_\_\_\_

Was a police report filed? Yes \_\_\_\_\_ No \_\_\_\_\_; What agency? NMSP \_\_\_\_ County \_\_\_\_ City \_\_\_\_

Was medical attention required? Yes \_\_\_\_\_ No \_\_\_\_\_; if yes please mark which

First Aid \_\_\_\_\_ Emergency Room \_\_\_\_\_ Doctor \_\_\_\_\_ Other \_\_\_\_\_

Body Part Injured (i.e., arm, leg, head etc.) \_\_\_\_\_

What activity was being performed when incident occurred? \_\_\_\_\_

What Personal Protective Equipment (PPE) was being used? \_\_\_\_\_

Description of incident in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What were the contributing factors of the incident? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EXHIBIT IV**

How would you classify the factors in this incident?

Human error \_\_\_\_\_ Equipment \_\_\_\_\_ Materials \_\_\_\_\_ Behavior \_\_\_\_\_ Environmental \_\_\_\_\_

Training \_\_\_\_\_ Procedure \_\_\_\_\_ Other \_\_\_\_\_ Struck By \_\_\_\_\_ Caught In \_\_\_\_\_

Caught Between \_\_\_\_\_ Fall Same Level \_\_\_\_\_ Exposure to \_\_\_\_\_ Struck Against \_\_\_\_\_

Caught On \_\_\_\_\_ Strain \_\_\_\_\_ Fall Different Level \_\_\_\_\_

Source (i.e., slippery floor) \_\_\_\_\_

What would you recommend to reduce or eliminate this type of incident from occurring again?

\_\_\_\_\_

Signature \_\_\_\_\_

Date Reported \_\_\_\_\_

Witness Name \_\_\_\_\_

Witness Name \_\_\_\_\_

**INCIDENT INVESTIGATION**

After supervisor has investigated the incident, (who what, where, and how) please give factors of incident and what preventable measures can be taken.

**Immediate Supervisor's Comments:** \_\_\_\_\_

\_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Safety Officer Comments:** \_\_\_\_\_

\_\_\_\_\_

**Safety Officer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Elected Official/Department Head Comments:** \_\_\_\_\_

\_\_\_\_\_

**Elected Official/Department Head's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_