

*City of Eugene*  
**Incident Investigation Report**

<b>EMPLOYEE SECTION</b>			
<b>Employee:</b>		<b>Department:</b>	
<b>Job Position:</b>		<b>Supervisor:</b>	
<b>Location of Incident:</b>	<b>City Property</b>  <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Date of Incident:</b>	<b>Time:</b>  <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Date Incident Reported:</b>		<b>Incident Reported to:</b>	
<b>PERSONAL INJURY OR ILLNESS</b> (details, i.e., left arm laceration, back strain, etc.)			
<b>PROPERTY DAMAGE INCIDENT</b> (what was damaged – include vehicle number if City vehicle involved)			
<b>DESCRIPTION</b> (describe incident)			
<b>ANALYSIS</b> What do you believe to be the cause of this incident?			
<b>PREVENTION</b> What could be done to prevent this accident from occurring again?			
<b>Employee Signature</b>			<b>Date</b>

**Supervisor to complete Page 2**

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## SUPERVISOR SECTION

**INJURY INCIDENT**       Y     N

**801 Submitted**       Y     N

**Does injury involve days away from work?**  
 Y     N

**Does injury involve restricted work activity?**  
 Y     N

**PROPERTY DAMAGE:** (describe)

**Investigated by:**

**Date of Investigation:**

**ANALYSIS** List contributing factors that led to this incident. (If formal report is written, attach to this form.)

**PREVENTION** (What corrective actions will be taken to prevent a reoccurrence of this incident?)

**Supervisor's Signature**

**Date**

**Reviewed By:**

**Date**

For all incidents involving one day or more missed from work, submit this report within 5 days of incident to Risk Services – Safety/Loss Control