



AIM Accident/Incident Supervisor Worksheet

Use this worksheet to gather information about accidents and incidents.
 You must complete this form before calling the accident or incident into the Call Center

1. Involved Employee Name			6. Accident Date	7. Accident Time	8. Time Employee Began Tour
2. Employee ID/SSN			9. First Date Notified	10. Time Notified	
3a. Employee Address (No., Street, Apt./PO Box No.)			11. Facility Name		
3b. City	3d. State	3e. ZIP Code + 4	12. Facility Address (City, State, ZIP Code)		
4. Employee Telephone No. (Include area code)			13. Facility Phone Number		
5. Is Employee Filing a Claim (E.g., CA-1, CA-2, etc.)			14. Facility Fax Number		
			15. Next Higher-Level Manager Name		16. Finance Number
17. Narrative (Be specific — who, what, when, where, why, and how?)					
18. Contributing Factors					
19. General Address and Location of Accident					
20. Witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Fire Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. Surface Type/Conditions		23. Weather Conditions	
24. Equipment/Materiel Directly Involved					
25a. Accident Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	25b. If not, explain.				
26. JSA on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	27. What kind of preventative action will you take?				
28a. Any Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	28b. Specific Body Parts			28c. Loss of Consciousness <input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Nature of Injury					
30. Physician Name			33a. Medical Facility Name		
31. Medical Facility Phone Number (Include area code)			33b. Medical Facility Address (No. and Street.)		
32. Medical Facility Fax Number (Include area code)			33c. City	33d. State	33e. ZIP + 4
34. Medical Duty Status					
35. Motor Vehicle Information (Information is needed on all motor vehicles involved)			a. Vehicle Number	b. Number of Vehicles Involved	
36. Post Office™ Vehicle Type and Number:			37. Non-Post Office Vehicle Type and Number:		
a. Area of Impact			a. Area of Impact		
b. Travel Direction			b. Travel Direction		
c. Seat Belts in Use <input type="checkbox"/> Yes <input type="checkbox"/> No			c. Seat Belts in Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Driver Cited <input type="checkbox"/> Yes <input type="checkbox"/> No			d. Driver Cited <input type="checkbox"/> Yes <input type="checkbox"/> No		

37. Use Reverse Side for Notes and Information About Other Persons Involved.