

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION INCIDENT INVESTIGATION

Employee Name (s) _____ Personnel # _____
 _____ Personnel # _____

Division: _____ County: _____ Department #: _____ No. Employees Injured: _____
 No. Of Private Parties Injured: _____ Date of Incident: _____ Date Incident Reported: _____

Note: Form 19 must be completed for each employee injured.

Part I: Incident Investigation *(To be completed by Incident Investigation Team)*

Description of Incident: (What happened?) _____

Cause of Incident (What caused it to happen?): _____

Corrective action: _____

Person responsible for corrective action: _____

PART II POST ACCIDENT TESTING *(To be completed by Incident Investigation Team)*

Controlled substance and alcohol test are to be conducted following ANY ACCIDENT an employee is involved in while on duty where:

- A life was lost
- If operating a motor vehicle, the driver was cited for a moving traffic violation and individuals involved were transported for medical treatment.
- If operating a motor vehicle, the driver was cited for a moving traffic violation and a vehicle involved was disabled and removed from the scene by other than its own power.

YES NO

Did any of the above conditions result from this accident?
 If the previous question was answered yes, was post -accident testing conducted in accordance with NCDOT's Controlled Substance Abuse and Alcohol Misuse Policy and Procedure? If no, please state why no post-accident testing was conducted.

Investigation team members: _____

Investigating Supervisor's Signature: _____ Date of Investigation _____
 Personnel # _____

Send completed Parts I, II, and IV to Incident and Injury Investigation Subcommittee:

Part III: Status of Corrective Action *(To be completed by Incident and Injury Investigation Subcommittee)*

Safety Officer/Investigating Supervisor: _____
 Incident Subcommittee Members: _____

Has corrective action been completed? _____

Comments: _____

Subcommittee Chairman: _____ Subcommittee review date: _____

Send copy of completed package to Safety Unit.

Part IV: Statistical Data-Personal Injury *(To be completed by Incident Investigation Team.)*

A. Personal Injuries

Nature of Injury(ies)

- Amputation
- Burn
- Bruise
- Concussion
- Cut (Puncture or Open)
- Rash
- Electric Shock
- Inhalation Injury
- Freezing/Frostbite
- Hearing Impairment
- Heat Exhaustion, Sunstroke
- Hernia
- Scratches, Abrasions
- Strains/Sprains
- Fracture
- Insect Bites
- Other _____

- Petroleum Products
- Gases
- Asphalts
- Extreme Temperatures
- Motors
- Electrical Devices
- Starter/Batteries
- Vegetation
- Sunburn
- Heating Apparatus
- Fire/Smoke
- Pipe
- Hand Tools

Type _____

- Power Tools

Type _____

- Hoisting Apparatus

Type _____

- Ladders

- Liquids

Type _____

Part(s) of Body Affected

- Head/Face
- Eyes
- Arm(s)
- Hand(s)/Finger(s)
- Abdomen
- Back
- Chest
- Hips & Pelvis
- Shoulder
- Wrist
- Ankle
- Leg
- Feet/Toe(s)
- Knee
- Other _____

Severity of Injury

- Fatal
- Permanent total disability
- Permanent partial disability
- Temporary disability
- First aid case
- Doctor visit only

B. Equipment

Involving Personal Injuries

Machines/Equipment

- Crushing, Pulverizing, Mixing
- Drilling, Auger
- Drilling, Turning
- Heavy Equipment

Class Code _____

- Other _____

Vehicles

- Passenger
- Trailer
- Vehicle Tailgates
- Handtrucks/ Dollies

Source of Injury

- Animals
- Insects
- Slip
- Trip
- Chemicals

Type _____

- Forklifts
- Tractors, & other powered towing machines
- Other _____

C. Personal Injury Accident Type

Striking against Object

- Objects being handled
- Moving & stationary object
- Two moving objects
- Collapsing material
- Machine or machine parts
- Other _____

Caught In, Under or Between

- Object being handled
- Moving & stationary object
- Two moving objects
- Collapsing material
- machine or machine parts
- Other _____

Fall from Elevation

- From scaffold/ladder
- From piled materials
- From vehicles
- On stairs
- Into openings
- Other _____

Fall on same elevation

- To walkway of working surface
- Onto or against object
- Other _____

Struck by Object

- Tool or machine in use
- Falling or flying object
- Tipping, slipping, or rolling object
- Object being handled by another person
- Other _____

Miscellaneous

- Foreign matter in eyes

- Contact with electrical current
- Motor vehicle accident
- Other _____

D. Cause(s) of Personal Injury

Unsafe Condition

- Inadequate ventilation
- Insufficient workspace
- Improper illumination
- Use of inadequate or improper tool or equipment
- Improper assignment of personnel
- Improperly positioned
- Inadequately secured
- Unguarded, mechanical
- Inadequate shoring
- Electrical hazard
- Unshielded radiation
- Other _____

No Unsafe Condition

Unsafe Act

- Cleaning, adjusting, oiling, or moving equipment
- Welding or repairing equipment without supervision
- working on electrically charged equipment
- Failure to use personal protective equipment
- Failure to secure
- Failure to warn others
- Failure to shut off equipment not in use
- Failure to place warning signs, signals, etc.
- Horseplay, fighting, etc.
- Improper use of equipment
- Overloading
- Improper handling

- Inattention to footing or surroundings
- Disconnecting or changing safety devices
- Jumping from elevations (vehicles, etc.)
- Running
- Throwing materials or tools
- Riding in unsafe position
- Unnecessary exposure under suspended loads
- Operating at unsafe speed
- Improper backing
- Failure to obey traffic laws
- Injecting or mixing substances to create hazard
- Using unsafe equipment
- Other _____

E. Safety Equipment in Use

- Hard hats
- Safety glasses
- Respirator
- Movable exhaust hood
- Ear protection
- Safety shoes
- Lanyards & lifelines
- Fluorescent vest
- Flags
- Buoyant work vest
- Chemical apron
- Faceshield
- Gloves
- Seatbelt/shoulder harness
- Other restraining device
- Other _____
- Adequate Safety Equipment Not Used

Equipment Accidents

A. Roadway Condition:

- Dry
- Wet
- Snow/Ice
- Mud
- Other _____

B. Weather:

- Clear
- Cloudy
- Fog
- Misting
- Rain
- Snow/Sleet/Ice
- Smoke/Dust

C. Type of Equipment Accident

- Turning
- Backing
- Rear-end Collision
- Struck by other vehicle
- Object dropped on vehicle
- Hit stationary object
- Ran off road
- Passing
- Moving from parked position
- Rolled from parked position
- Mechanical Failure

- Hit animal
- Overturned
- Flying Object
- Other _____

- hazard
- Using unsafe equipment
- Other _____
- No Unsafe Act Observed

D. Cases of Equipment Accidents

- Operating at unsafe speed
- Improper backing
- Failure to obey traffic laws
- Injecting or mixing substances to create