

CRASH ANALYSIS AND INCIDENT FORM

The primary reason accident investigations fail to help eliminate similar accidents is that some report forms unfortunately address only correcting surface causes. Root causes are often ignored. Let's take a look at one format for ensuring an effective report.

SAMPLE ACCIDENT ANALYSIS REPORT

Number:				
Date:				
Prepared by:				
	SECTION 1. BACKGROUND / WHO			
Name victim:				
Witness 1:			Phone:	
Address:			Work:	
Job Title:			Length of service:	
Witness 2:			Phone:	
Address:			Work:	
Job Title:			Length of service:	
	WHEN:			
Date:		Time of day:		
Workshift:		Date reported:		
	WHERE:			
Department:		Equipment:		
Location:				
	SECTION 2. DESCRIPTION OF THE ACCIDENT PROCESS Describe the sequence of relevant events prior to, during, and immediately after the accident. (Attach separate page if necessary)			

PRE-INJURY EVENTS:

(-6)	
(-5)	
(-4)	
(-3)	
(-2)	

(-1)



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	INJURY EVENTS:
(0)	
	EVENTS AFTER:
(+1)	
(+2)	
(+3)	
	SECTION 3. FINDINGS AND JUSTIFICATIONS Attach separate page if necessary
	SURFACE CAUSE(S): (Unsafe conditions and/or behaviors at any level of the organisation.)
	JUSTIFICATION: (Describe evidence or proof that substantiates your finding)
	ROOT CAUSE(S): (Missing/inadequate Programs, Plans, Policies, Processes, Procedures)
	JUSTIFICATION: (Describe evidence that substantiates your finding.)
	SECTION 4. RECOMMENDATIONS AND RESULTS Attach separate page if necessary

CORRECTIVE ACTIONS:

(To eliminate or reduce the hazardous conditions/unsafe behaviors that directly caused the accident)

RESULTS: (Describe the intended results and positive impact of the change.)



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SYSTEM IMPROVEMENTS:

(To revise and improve the programs, plans, policies, processes, and procedures that indirectly caused/ allowed the hazardous conditions/unsafe behaviors.)

RESULTS: (Describe the intended results and positive impact of the change.)

SECTION 5. SUMMARY

(Estimate costs of accident. Required investment and future benefits of corrective actions)

SECTION 6. REVIEW AND FOLLOW-UP ACTIONS:

(Describe equipment/machinery repaired, training conducted, etc. Describe system components developed/revised. Indicate persons responsible for monitoring quality of the change. Indicate review official.)

Corrective actions taken:	Responsible Individual:				
	Date closed:				
System improvements made:	Responsible Individual:				
	Date closed:				
Person(s) monitoring status of follow-up actions:					
Reviewed by:	Title:				
Department:	Date:				

SECTION 7. ATTACHMENTS: (Photos, sketches, interviewnotes, etc.)