

**SOUTH CAROLINA COUNTIES WORKERS' COMPENSATION TRUST  
ACCIDENT INVESTIGATION FORM**

<b>1. MEMBER</b>		<b>2. EMPLOYEE</b>		<b>3. DEPARTMENT</b>	
<b>4. EXACT LOCATION</b>	<b>5. DATE OF OCCURENCE</b>	<b>6. TIME</b>	<b>7. DATE REPORTED</b>		
<b>D E S C R I P T I O N</b>	<b>8. DESCRIBE CLEARLY HOW THE INCIDENT OCCURRED:</b>				
<b>9. WITNESSES</b>			<b>10. TELEPHONE</b>		
<b>If the employee was injured in a motor vehicle accident, please complete the attached motor vehicle accident supplement.</b>					

DIRECT CAUSES		BASIC CAUSES
UNSAFE ACTS	UNSAFE CONDITIONS	WORK SYSTEM
Lack of skill or knowledge	Inadequate guards or protection	Inadequate hiring/placement practices
Failure to follow operating or maintenance procedure/method	Defective tools, equipment, machine or vehicle	Inadequate enforcement of work rules and procedures
Failure to use guards provided	Congested work area/roadways	Inadequate job instruction/training
Failure to use personal protective equipment	Unsafe floors, ramps, stairways, platforms	Inadequate safety procedures
Making safety devices inoperable	Poor housekeeping	Inadequate preventive maintenance
Operating vehicle, equipment or machine at unsafe speed or in an unsafe manner	Hazardous atmosphere: gases, dust, fumes, vapors	Inadequate environmental control program
Using known defective equipment	Hazardous chemicals/substances	Inadequate job planning methods
Operating without authority	Inadequate warning system	Improper layout or design of work area
Improper lifting, lowering or carrying technique	Fire or explosion hazards	Unsafe design or construction of tools, equipment or machine
Unsafe lifting, lowering or placing	Improper material storage	Inadequate medical monitoring
Taking unsafe position	Inadequate ventilation	Inadequate supervision
Influence of alcohol or drugs	Excessive noise	Other—explain in detail
Physical or mental limitations	Inadequate illumination	
Unaware of hazards	Radiation exposure	<b>INDIVIDUAL</b>
Unsafe act of non-employee	Poor road conditions	Pre-existing physical condition
Other—explain in detail	Limited visibility	New physical impairment/condition
	Adverse weather	Physical impairment due to drug use
	Other—explain in detail	Learning disability
		Employee insubordination or dishonesty

<b>P R E V E N T I O N</b>	<b>11. What actions have been or will be taken to remove direct causes? List all items in sequence:</b>	<b>By Whom:</b>	<b>When:</b>
	<b>12. What actions have been taken to remove the Basic Cause(s)? List the steps that will be taken to remove the basic cause(s) to help prevent similar accidents in the future.</b>	<b>By Whom:</b>	<b>When:</b>
<b>13. Investigated by:</b>	<b>Date:</b>		

## Motor Vehicle Accident Investigation Supplement

Employee/driver name:	Department:
Vehicle make/model/year:	Vehicle mileage:
Did police report state that employee contributed to the accident?	Was employee cited? If yes, which violation was cited?
Was employee drug tested?	Was employee wearing a seat belt?
Was this accident preventable? If yes, how could the employee have avoided the accident?	Did the employee receive sanctions? If yes, list sanctions:
Has this employee had previous motor vehicle accidents in county vehicles? If yes, please describe briefly.	When was the last motor vehicle record review for this driver?
Has this employee taken a defensive driving class? If yes, what was the name of the class and when was it taken?	