

Nevada Division of State Parks  
**SUPERVISOR'S ACCIDENT INVESTIGATION REPORT**

Injury Accident **9**

Non Injury Accident **9**

*This report is to be completed immediately as conditions allow and attached to Office and Division copies of CI or VP-1 (Non-injury accidents attached to VP-1 if vehicle is involved).*

Employee's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Position Title: \_\_\_\_\_ Investigator's Name: \_\_\_\_\_

Date/Time of Injury or Accident: \_\_\_\_\_ Location: \_\_\_\_\_

Date/Time Injury Report: \_\_\_\_\_

Accident Resulted in: Injury \_\_\_\_\_ Fatality \_\_\_\_\_ Property Damage \_\_\_\_\_

First aid given? \_\_\_\_\_ Medical treatment required? \_\_\_\_\_

Task being performed when injury occurred: \_\_\_\_\_

\_\_\_\_\_  
Name of Witness(es): \_\_\_\_\_

(Attach Witness Statements)

Describe how the accident occurred: \_\_\_\_\_

\_\_\_\_\_  
What actions, events or conditions contributed most directly to this injury? \_\_\_\_\_

\_\_\_\_\_  
Could anything be done to prevent an injury of this type? \_\_\_\_\_

\_\_\_\_\_  
Description of property damage: \_\_\_\_\_

What Division, Park or other safety Rules were violated? \_\_\_\_\_

\_\_\_\_\_

What OSHA Standards were violated? (include the standards number) \_\_\_\_\_

\_\_\_\_\_

Investigating Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Park Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Regional Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Regional Safety Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Safety Committee Review:**

Summary of Members Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chairman's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_