



Management Investigation of Accident

Date of Accident	Employee's Name	Date Investigation Completed

Description of Incident

Basic cause(s) of Accident (Check One)

<input type="checkbox"/> Failure to watch road ahead	<input type="checkbox"/> Incorrect Spreader height	<input type="checkbox"/> Improper Ground Person Signals
<input type="checkbox"/> Incorrect 5 th Wheel Lock	<input type="checkbox"/> Pin Lift System Failure	<input type="checkbox"/> Excessive Landing Pressure
<input type="checkbox"/> Faulty 5 th Wheel	<input type="checkbox"/> Incorrect Pin-Lift System Operation	<input type="checkbox"/> Employee Recklessness
<input type="checkbox"/> Fouled Crane Path	<input type="checkbox"/> Twist Locks Engaged Incorrectly	<input type="checkbox"/> Improper Use of Equipment
<input type="checkbox"/> Cut Turn Too Close	<input type="checkbox"/> Arms Not Clamped Correctly	<input type="checkbox"/> Rushing Job/Speeding
<input type="checkbox"/> Landing Leg Height	<input type="checkbox"/> Lined up on Unit Incorrectly	<input type="checkbox"/> Lack of Attention / Alertness / Sleep
<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Did not Raise Arms High Enough	<input type="checkbox"/> Equipment Defect / Failure
<input type="checkbox"/> Failed to Yield Right-of-way	<input type="checkbox"/> Failure to Utilize Ground Person	<input type="checkbox"/> Failed to Obey Track Signals / Flags
<input type="checkbox"/> Load Shift / Imbalance	<input type="checkbox"/> Improper Placement in Car	<input type="checkbox"/> Securement Failure
<input type="checkbox"/> Improper Clearance / Spacing	<input type="checkbox"/> Did not Verify Clear Crane Path	<input type="checkbox"/> Exceeded Load Capacity of Equipment

Other

Contributing Factors

What Corrective Measures Will Be Taken to Prevent Recurrence

Damage Assessment

\$1.00 To \$500.00
 1.00 To \$1000.00
 \$1001.00 To \$5000.00
 \$5001.00 To \$10,000.00
 Over \$10,000

Disciplinary Action To Be Taken

<input type="checkbox"/> Verbal Warning	<input type="checkbox"/> Written Warning	<input type="checkbox"/> Day Suspension	<input type="checkbox"/> Job Qualification	<input type="checkbox"/> Termination	<input type="checkbox"/> Not At Fault	<input type="checkbox"/> Other
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Was Drug And Alcohol Test Performed Yes NO If no, WHY _____

Were Photos Taken Yes No Was a Police report Completed or other outside source: Yes No

Supervisor's Name (Print Below)	Supervisor's Signature