| Initial Occurrence or Hazard Identification Report | | | |
|---|---|---|---|
| Reported By (your name): | Supervisor (if applicable): | | Department & Section (if applicable): |
| Date Report Completed: | Date of Occurrence: | | Time of Occurrence: |
| Location of Occurence: | **Occurrence Report** **(select all that apply)**<br>☐ Motor Vehicle Incident<br>☐ Damage to Property<br>☐ Injury (public or employee) | | ☐ Near Miss Report<br>☐ Hazard identification Report |
| People involved and/or witnessed: | | Contact information (if not a City employee) | |
| Were photos taken of the occurrence, hazard or near miss? ☐ Yes ☐ No | | | |
| **Note: additional reports are required to be attached for occurrence report**<br>(see following pages) | | | |
| Description of Occurrence, Hazard or Near Miss: | | | |
| **Recommendations to prevent a future occurrence or eliminate hazard:** | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |

## MOTOR VEHICLE REPORT (If applicable)

### Vehicle 1 information

| Plate: | Make: | Model: |
|---|---|---|
| Colour: | Year: | Unit #: |
| Owner: | Driver: | License#: |

### Vehicle 2 information

| Plate: | Make: | Model: |
|---|---|---|
| Colour: | Year: | Unit #: |
| Owner: | Driver: | License#: |

### Vehicle 3 information

| Plate: | Make: | Model: |
|---|---|---|
| Colour: | Year: | Unit #: |
| Owner: | Driver: | License#: |

### Damages

Provide a Description of the Damage to the Vehicle:

| ☐ Police | Report# | Officer: |
|---|---|---|
| ☐ MPI | Report# | Adjuster: |
| ☐ Other | Report# | Name: |

**MOTOR VEHICLE REPORT Cont.**

**CONDITIONS:** ☐ for Vehicle 1 ○ for Vehicle 2

| Vehicle Manoeuvre: | | |
|---|---|---|
| | ☐ ○ Going Ahead | ☐ ○ Changing Lanes |
| | ☐ ○ Reversing | ☐ ○ Pulling from Curb |
| | ☐ ○ Turning Left | ☐ ○ Overtaking |
| | ☐ ○ Turning Right | ☐ ○ Working at Job Site |
| | ☐ ○ U-turn | ☐ ○ Stopped/ Parked |
| | ☐ ○ Merging | ☐ ○ Other |

Road Type at scene of collision:

Type A: Type B:

Other:

Road Type A Road Type B

N

Please describe the direction of the vehicles that collided, and the location of the point of contact:

| Visibility: | ☐ ○ Clear | ☐ ○ Rain | ☐ ○ Snow | ☐ ○ Sleet | ☐ ○ Fog |
|---|---|---|---|---|---|
| | ☐ ○ Mist | ☐ ○ Smoke | ☐ ○ Dust | ☐ ○ Other | |

| Road Conditions: | | | |
|---|---|---|---|
| | ☐ ○ Good | ☐ ○ Ice | ☐ ○ Loose Gravel |
| | ☐ ○ Wet | ☐ ○ Slush | ☐ ○ Snow Covered |
| | ☐ ○ Dry | ☐ ○ Off Road | ☐ ○ Under Construction |
| | ☐ ○ Other | | |

| Traffic Control: | | |
|---|---|---|
| | ☐ ○ Traffic Sign | ☐ ○ Pedestrian Crossing |
| | ☐ ○ Stop Sign | ☐ ○ Police Control |
| | ☐ ○ Yield Sign | ☐ ○ School Guard |
| | | ☐ ○ Uncontrolled |
| | ☐ ○ Other | |

| | | | | |
|---|---|---|---|---|
| Direction of Travel: | ☐ ○ North | ☐ ○South | ☐ ○ East | ☐ ○ West |
| Road Type: | ☐ ○ Asphalt | ☐ ○ Gravel | ☐ ○ Concrete | ☐ ○ Off Road |
| Alignment: | ☐ ○ Straight | ☐ ○ Curve | ☐ ○ Hill | ☐ ○ Level |
| | ☐ ○ Other | | | |

| Markings: | ☐ ○ Good | ☐ ○ Faded | ☐ ○ None |
|---|---|---|---|

| PROPERTY DAMAGE DETAILS (if applicable) | | |
|---|---|---|
| Name of Owner: | | |
| Owner's Address: | | |
| Has the Owner Been Advised? | ☐ Yes | ☐ No |
| If yes, what was the owner instructed to do? | | |
| Description of Property: | | |
| Can the Property be Repaired? | ☐ Yes | ☐ No |
| Condition of the Property Prior to the Incident? | | |

| INJURY TO PERSON (if applicable) | | | | |
|---|---|---|---|---|
| **PERSONAL INFORMATION** | | | | |
| Name: | Address: | | Phone #: | |
| Gender: | | Age: | | |
| **Activity at Time of Incident (Select one only)** | | | | |
| ☐ Climbing<br>☐ Driving<br>☐ Jumping | ☐ Lying Down<br>☐ Lifting<br>☐ Reach /Stretch | ☐ Sitting<br>☐ Standing<br>☐ Walking | ☐ Kneeling<br>☐ Riding<br>☐ Running | ☐ Swimming<br>☐ Skating<br>☐ Other |
| **Incident Type (Select one only)** | | | | |
| ☐ Fall from Elevation<br>☐ Fall on Same Level<br>☐ Struck Against<br>☐ Struck By<br>☐ Caught In/Under/Between | | ☐ Rubbed/Abraded/Cut<br>☐ Bodily Reaction<br>☐ Overexertion<br>☐ Contact with Electrical Current<br>☐ Contact with Temperature Extremes<br>☐ Contact with Radiations/Caustics/Toxic<br>☐ Contact with other Noxious Substances<br>☐ Other | | |
| **Nature of Injury/Illness (Select most serious one only)** | | | | |
| ☐ Amputation<br>☐ Burn/Scald<br>☐ Chemical Burn<br>☐ Concussion<br>☐ Crushing Injury<br>☐ Cut/Puncture/Abrasion<br>☐ Exposure - Fumes/Poisons<br>☐ Flash | | ☐ Sprain/Strain<br>☐ Fracture<br>☐ Hernia<br>☐ Bruise/Contusion<br>☐ Occupational Illness<br>☐ Foreign Body Imbedded<br>☐ Other | | |
| **Part of Body Affected (Select most serious one only)** | | | | |
| ☐ Eyes<br>☐ Head/Face/Neck<br>☐ Chest/Collar Bone<br>☐ Upper Back | ☐ Fingers<br>☐ Hand/Wrist<br>☐ Leg/Knee<br>☐ Lower Back | | ☐ Feet/Ankles<br>☐ Internal<br>☐ Abdomen<br>☐ Arm/Shoulder | |
| **FIRST AID** | | | | |
| Was First Aid given? | ☐ Yes by whom? | | ☐ No | |
| Describe Treatment Given: | | | | |
| Transported By: | ☐ Ambulance | ☐ Co-Worker | ☐ Self | ☐ Other |

| Employee Injury Only (if applicable) | |
|---|---|
| Was time missed from work in excess of the day of the injury? ☐ Yes ☐ No | |
| Was Professional Medical Attention Received? ☐ Yes ☐ No | |
| **WCB Reporting -** If yes to either the above “Employee Injury Only” questions | |
| **Supervisor** | “WCB 2 Employers Report Form” is required to be submitted to the Human Resources Department within 5 days of the supervisor being notified. |
| **Employee** | “WCB 3 Worker Report Form” is to be submitted to WCB. |
| **Serious Incident Reporting** | |
| Was this classified as a “Serious Incident” under the Workplace Safety and Health Regulations? ☐ Yes ☐ No | |
| If this was classified as a “Serious Incident”, you must contact the Workplace Safety and Health Division at (204) 945-0581 | |