NATIONWIDE INVESTIGATIONS & SECURITY INC.

Full Report of Incident

(Due within 48 hours to Corporate Safety)

Report No:
Revision No:
Date:

Job Number:	**Client:**	**Unit:**	**Location:**	
Employee Name:	**Employee Number:**	**Birth Date:**	**Date Employed:**	**Sex:** ☐ M ☐ F
Home Address:	**Job Title:**		**Job Status: (Check One)** ☐ Permanent ☐ Temporary	
City:	**OSHA Log Case Number:** ☐ N/A			
State: **Zip:**	**Supervisor's Name:**		**Service:** ☐ MECHANICAL ☐ FIELD	

Date of Incident: **Time of Incident:** ☐ am ☐ pm ☐ Check if time of incident is unknown.	**City of Incident:** **County:** **State:**	**Date & Time Incident Reported:** ☐ am ☐ pm

What was the employee was doing just before the incident?

What happened or describe how the injury occurred. (Example: Ladder slipped on wet floor, worker fell)?

Describe measures to prevent recurrence: ☐ **Taken** ☐

Describe the injury or illness. (2nd degree burn, bruise, laceration, etc.)

Specific part of body affected.

What object or substance directly harmed the employee?

Did the employee die as a result of this incident? ☐ **Yes** ☐ **No** **If yes, Date:** / /

Is there reason to doubt employee's account of the accident or claim of injury? ☐ **Yes** ☐ **No**

Was the employee treated in an emergency room? ☐ **Yes** ☐ **No**

Was the employee hospitalized overnight as an in-patient? ☐ **Yes** ☐ **No**

Names of witnesses:

Physician's name:

Describe first aid or medical treatment:

	Name	Address	Phone Number
Facility			
Hospital			

Date:	Print Name:	Signature:	Title:	Phone:

NATIONWIDE INVESTIGATIONS & SECURITY INC.

Supervisor/Foreman Incident Report

Report No:
Revision No:
Date:

Job No.	**Client:**	**Jobsite Location:**

Date of Incident:	**Date of this Repo:**	**Time of Incident:** p.m. (A.M. /P.M.)
Time of Report:	**Exact Location at Jobsite (Unit, Tower, Heater, etc.)**	
Name of Employee:		
Employee's Craft:	**Hours Worked Within Last (48) Hours:**	**Shift Start Time:**
Quitting Time:	**Superintendent that Supervisor Reports to:**	

Supervisor/Foreman Responsible for Employee:	**Was Supervisor/Foreman Present?** ☐ **Yes** ☐ **No**

Any other companies involved? x ☐ **Yes** ☐ **No** **If yes, please list and explain involvement.**

Describe the job the employee was engaged in.

Describe equipment required for the job.

Were job instructions followed? ☐ **Yes** ☐ **No If no, explain:**

Was there a Safe Work Permit required? ☐ **Yes** ☐ **No**

Who secured the permit?	**Where was permit located?**
Was there a JSA in place at the time of the incident? ☐ **Yes** ☐ **No**	**Did the JSA appropriately address all hazards?** ☐ **Yes** ☐ **No**

Was the employee trained on the JSA prior to the incident? ☐ **Yes** ☐ **No**

Describe in detail events prior to incident, including conditions.

Describe injury or damage to equipment.

Describe tools or equipment involved (Serial No., Model No., Brand, etc).

In your opinion, why did incident occur? Were there any unsafe actions/conditions?

Scaffolding involved in incident, describe type and height?

Who owns scaffold material?	**Who constructed scaffold?**

Is there any doubt that this is a job related incident? ☐ **Yes** ☐ **No Why?**

Describe action to prevent similar occurrence.

Supervisor/Foreman ***Date***	***Job Superintendent*** ***Date***

NATIONWIDE INVESTIGATIONS & SECURITY INC.	**Employee Statement**	**Report No:** **Revision No:** **Date:**
Job No:	**Location:**	**Date of Incident:** **(A.M./P.M)**

Date of Report: **(A.M. /P.M.)**		**Your Name:**
Address:	**City/Sate:**	**Zip Code:**
Phone No:		
Name all employees with knowledge concerning this incident.		
Who gave the instruction for the work?	**Describe these work instructions.**	
Was there a Safe Work, Hot Work, Entry Permit required? ☐ **Yes** ☐ **No**	**Did you read the permit?** ☐ **Yes** ☐ **No**	
Where was the permit kept?		
Where were you located and what were you doing?		
Do you know of any circumstances that could have contributed to this incident? ☐ **Yes** ☐ **No** **If yes, please describe:**		
Are you certain that this is a jobsite injury or could this have been a previous injury/condition which surfaced at the jobsite? ☐ **Yes** ☐ **No Why?**		
In your opinion, what was the cause of the incident?		
If you had to do the same task again how would you prevent this incident from recurring?		

EMPLOYEE ONLY:

Part of body injured _____

Have you ever injured this area before _____**When (date)** _____

I certify that, to the best of my knowledge, all above information is complete, accurate and factual. I acknowledge that the intentional falsification or alteration of facts or making misleading statements can be grounds for disciplinary actions.
All information related to incident/injury claims will be released to ParFab Field Services and/or its insurance company and/or ParFab designated claim offices.

_____ _____ _____

Employee Signature ***Date*** ***LAST 4 SSN***

NATIONWIDE INVESTIGATIONS & SECURITY INC.	**Witness Statement**	**Report No:** **Revision No:** **Date:**

Job No:	**Location:**	**Date of Incident:** (A.M. /P.M.)
Date of Report: (A.M. /P.M.)	**Your Name:**	
Address:	**City/Sate:**	
Zip Code	**Phone No:**	

Were you in area of incident? ☐ Yes ☐ No	**Did you see incident?** ☐ Yes ☐ No	**Describe the time when you learned of the incident.**

Name all employees with knowledge concerning the incident.

Who gave the instruction for the work?	**Describe these work instructions**

Was there a Safe Work, Hot Work, Entry Permit required? ☐ Yes ☐ No	**Did you read the permit?** ☐ Yes ☐ No

Where was the permit kept?

Where were you located and what were you doing?

Do you know of any circumstances that could have contributed to this incident? ☐ Yes ☐ No **If yes, please describe.**

In your opinion, what was the cause of the incident?

I certify that, to the best of my knowledge, all above information is complete, accurate and factual. I acknowledge that the intentional falsification or alteration of facts or making misleading statements can be grounds for disciplinary actions.

_____	_____	_____
Witness Signature	***Date***	***LAST 4 SSN***

NATIONWIDE INVESTIGATIONS & SECURITY INC.

Full Report of Incident Form
Completion Instructions

Immediate Report of Injury / Illness Form Completion Instructions

The Immediate Report of Injury or Illness Form must be completed when an injured employee, has been taken to a physician for treatment or examination. At the earliest opportunity, the supervisor should complete this report using a ball point pen or typewriter and route as follows:

IN THE EVENT OF A SERIOUS INJURY OR ILLNESS REQUIRING HOSPITALIZATION, OR DEATH, NOTIFY CORPORATE SAFETY (CURTIS COLBURN) BY TELEPHONE IN ADDITION TO FILING OF REPORT.

COMMENTS ON SELECTED ITEMS

- OSHA LOG CASE NUMBER (Shaded Area)
  - This section should be completed by person responsible for OSHA record keeping **(Home office).**
- JOB TITLE
  - Enter the job classification in which employee is normally assigned, even though temporarily performing a different assignment.
- WHAT WAS THE EMPLOYEE DOING JUST BEFORE THE INCIDENT
  - Describe in detail what the employee was doing immediately prior to the incident. Name specific events leading up to occurrence.
  -
- WHAT HAPPENED OR DESCRIBE HOW THE INJURY OCCURRED
  - Describe in detail how injury or illness occurred. Include activities; name tools, equipment, materials, or substances involved or being handled; name specific events leading up to occurrence, name object or substance which directly caused injury or illness. Describe responsible conditions that caused the injury or illness. These could include the condition of tools and equipment physical surroundings, actions of employees, etc.
- DESCRIBE MEASURES TO PREVENT RECURRENCE
  - Discuss actions taken or that will be taken to prevent recurrence of other incidents of this nature.
- DESCRIBE INJURY OR ILLNESS
  - Describe nature and severity of injury or illness, e.g. compound fracture, partial loss of hearing, etc.
- SPECIFIC PART OF BODY AFFECTED
  - Name specific part of body affected, e.g., right forearm, left ear, left eye, etc.
- FIRST AID OR MEDICAL TREATMENT
  - First aid treatment may be administered by either a layman or physician. First Aid is one-time treatment and subsequent observations of minor scratches, cuts, burns, splinters, etc. First Aid treatment would include cleaning, soaking and bandaging of wounds, cuts, etc.; applying antiseptic on first visit; removal of non-imbedded objects; tetanus shots; application of a cold compress; single dose or application of prescription medication on first visit; etc. Medical treatment is treatment other than first aid administered by a physician or by registered professional personnel under the standing orders of a physician, e.g. prescription of medication, drainage of blood, sutures, splints, removal of imbedded objects, applying antiseptic on subsequent visits, etc.

NATIONWIDE INVESTIGATIONS & SECURITY INC.

Supervisor / Foreman Incident Report
Instructions for Completion

Foreman Incident Report Completion Instructions

COMMENTS ON SELECTED ITEMS

- EMPLOYEES CRAFT
    - Enter the employees Job title, not necessarily what job they were performing at the time of injury.
- QUITTING TIME
    - Enter the approx. time that the work day ends. This time does not have to reflect the time that the day ended on the date the injury occurred.
- DESCRIBE THE EQUIPMENT REQUIRED FOR THE JOB
    - Include all operating equipment as well as safety equipment needed for the job.
- WERE JOB INSTRUCTIONS FOLLOWED
    - Do not speculate on this answer. A follow up with the employee or a witness must be conducted unless the supervisor was present at the time of injury.
- DESCRIBE INJURY OR DAMAGE TO THE EQUIPMENT
    - Enter any damage that the equipment incurred as a result of the incident.
- DESCRIBE ACTION TO PREVENT SIMILAR OCCURRENCE
    - Enter a brief corrective action. After a full investigation has been conducted a more in depth action plan will be implemented.

NATIONWIDE INVESTIGATIONS & SECURITY INC.

Employee Statement Form
Instructions for Completion

Employee Statement Form Completion Instructions

The employee or employees involved in the incident will be responsible for filling out this section of the report at their earliest convenience. If the employee is not capable of filling out this portion of the report due to the severity of his/her injury the statement can be taken at a later time.

COMMENTS ON SELECTED ITEMS

- NAME ALL EMPLOYEES WITH KNOWLEDGE OF THIS INCIDENT
    - Enter only the employees names that were witnesses or present in your work group at the time of injury.
- DESCRIBE THE WORK INSTRUCTIONS
    - Briefly describe the instructions that were given prior to performing work on the date the injury occurred. If necessary use the back of the form.
- WHERE WERE YOU LOCATED AND WHAT WERE YOU DOING
    - Describe the location where the injury took place i.e. (Near a crane, on scaffolding, in a tank, etc.) Also describe the task you were performing at the time the incident occurred.
- COULD THIS HAVE BEEN A PREVIOUS INJURY/CONDITION
    - Only give a reason why if the answer to the question is YES. If the answer provided is NO then an explanation is not required.
- IN YOUR OPINION, WHAT WAS THE CAUSE OF THIS INCIDENT
    - Briefly describe what you feel was the root cause of why this incident occurred. i.e. (Faulty equipment, operator error, not following job instructions, taking shortcuts, etc.)

NATIONWIDE
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& SECURITY INC.

Witness Statement Form
Instructions for Completion

NATIONWIDE INVESTIGATIONS & SECURITY INC.

Witness Statement Form Completion Instructions

Only employees that were present at the time the incident occurred will be required to fill out the Witness Statement. The statement will need to be filled out at the earliest convenience of the witness to ensure an accurate description of the incident.

COMMENTS ON SELECTED ITEMS

- NAME ALL EMPLOYEES WITH KNOWLEDGE OF THIS INCIDENT
    - Enter only the employees names that were witnesses or present in your work group at the time of injury.
- DESCRIBE THE WORK INSTRUCTIONS
    - Briefly describe the instructions that were given prior to performing work on the date the injury occurred. If necessary use the back of the form.
- WHERE WERE YOU LOCATED AND WHAT WERE YOU DOING
    - Describe the location where the injury took place i.e. (Near a crane, on scaffolding, in a tank, etc.) Also describe the task you were performing at the time the incident occurred.
- CIRCUMSTANCES THAT COULD HAVE CONTRIBUTED TO THIS INCIDENT
    - Enter any unsafe acts or unsafe conditions that could have contributed to occurrence of this incident.
- IN YOUR OPINION, WHAT WAS THE CAUSE OF THIS INCIDENT
    - Briefly describe what you believe is the root cause of this incident. i.e. (Faulty equipment, operator error, not following job instructions, taking shortcuts, etc.)

NATIONWIDE
INVESTIGATIONS
& SECURITY INC.

Incident Investigation Report Form

NATIONWIDE INVESTIGATIONS & SECURITY INC.

Incident Investigation Report

Event Description:

Client Location:

Date of Event:

Report No.:

SIGNATURES AND APPROVALS- if sending as an electronic form, type in name and date, otherwise sign and fax or scan and email. Send to the appropriate persons per the ParFab Field Services Incident Reporting Requirements.

	Print Name	Signature	Date
Safety Manager On Site			
Safety Lead:			
Project Manager:			

Instructions:

- Use this form for employees and contractors under our direct daily supervision.
- Do not utilize this incident report for vehicle accidents unless an injury occurs.
- Use both, the vehicle accident report and this Incident report in the event an injury occurs as a result of vehicle accident.
- This incident investigation form must be filled out and submitted within 48 hours of the incident.

Investigation Team (if applicable)	**Distribution**

SECTION 1—LOCATION, TYPE OF INCIDENT & TEAM

Job No:	**Client:**	**Jobsite Location:**	**Location of Incident:**
Type of Incident: ☐ Injury/Illness ☐ Damage to Company Property ☐ Environmental ☐ Near Miss ☐ Fire			
Investigation Team:			
Copies To:			**Date of Incident:**

SECTION 2—WORKER/ GENERAL INCIDENT INFORMATION

Employee Name:	
Job title when incident occurred (ex. Maintenance mechanic**):**	
Task being performed at the time of the incident (ex: rigging convection section)**:**	
Time Shift Began: ☐ **a.m.** ☐ **p.m.**	**Hours worked prior to incident:**
Shift Length in Hours:	**Hours worked during the past 48 hours:**
Witness Names: ☐ None	
PPE Worn at Time of Incident: ☐ None ☐ N/A	

SECTION 3—INCIDENT DESCRIPTION

Incident Summary: A short paragraph that briefly describes the incident and refers to the attached E&CF Chart.	
Initial Conditions: Plant status at the start of the incident including abnormal conditions that contributed to the incident.	
Initiating Event: The initial failure that triggered the incident or led to its discovery.	
Incident Description: A detailed chronology of the incident. Chronology may be referenced to the attached E&CF Chart.	

TYPE OF INCIDENT: (choose only one) :	**SOURCE OF INCIDENT OR INVOLVED EQUIPMENT:** (choose only one)
☐ Caught in, under, between	☐ Animals, plants or insect
☐ Contact with animal, insect, plant	☐ Belts, conveyors, drives, nips (moving equipment)
☐ Contact with chemicals: ingestion, inhalation, skin	☐ Chemicals (Dust/Fumes/Gas/Solids/Liquids)
☐ Contact with electricity (shock or electrical burns)	☐ Chemical process equipment, gas/liquid handling equipment, piping/hose/pressurized systems
☐ Contact with radiation (ionizing, IR, UV, laser, etc.)	☐ Electricity & electrical apparatus (generators, switchgear)
☐ Contact with thermal extremes (hot or cold temp)	☐ Environmental factors & other physical hazards(noise, radiation, temp, weather, etc.)
☐ Falls from elevation	☐ Building structures
☐ Falls, slips, trips same level	☐ Ladders, scaffolds, platforms, stairs
☐ Fire / explosion	☐ Machinery / manufacturing equipment
☐ Foreign body	☐ Material handling equip. (except powered industrial truck)
☐ Motor vehicle / transport accidents	☐ Material or product such as plate steel, refractory
☐ Noise exposure	☐ Motor vehicle
☐ Overexertion	☐ Portable non-powered equipment (includes hand tools)
☐ Struck against (by person, not including falls)	☐ Portable powered tools
☐ Struck by	☐ Powered industrial trucks (includes man-lifts, aerials lifts)
☐ Workplace violence	☐ Walking & working surfaces
☐ Other or unclassified (describe):	☐ Other (not listed above)—describe:
☐ Spill	
☐ Release	

Nature of Injury: Number in order of severity as 1, 2 etc if there is more than one type of injury to the person. Use the same numbers to match the body part choices list in the body part table.	**Part of Body:** Number in order of severity

For example: Person has a concussion and amputation. The amputation would be rated as 1 under Nature of Injury, concussion is 2. The body part amputated is labeled 1 while the head is labeled 2 in the Part of Body table below.

	NATURE OF INJURY:
	Abrasions, scratches, contusions, crushes
	Amputation
	Asphyxia (lack of oxygen)
	Avulsion (loss of tissue)
	Bodily reaction to animal, insect, plant contact
	Burns
	Concussion
	Contact – blood or bodily fluids
	Dislocations
	Disorders associated with repeated trauma
	Effects from radiation
	Heat Stress
	Cold Stress
	Electrocution, electric shocks
	Foreign body
	Fracture, break, chip
	Hearing loss
	Hernia
	Incidental exposure
	Open wound, cut, puncture, laceration, infect.
	Poisoning (systemic effect of toxic materials)
	Respiratory conditions
	Skin disease/disorder/dermatitis
	Sprain, strain, tears
	All other illnesses
	All other injuries: Describe:
	N/A

	PART OF BODY:
	Ankle(s)
	Arm(s)
	Back, lower (lumbar)
	Back, upper (thoracic)
	Back, sacrum or coccyx (tailbone area)
	Circulatory system from hot /cold stress
	Ear(s)
	Elbow(s)
	Eye(s)
	Head
	Feet, including toe(s)
	Hand, including finger(s)
	Hip(s)
	Knee(s)
	Leg(s)
	Neck (includes cervical back area)
	Nervous system
	Respiratory system
	Shoulder(s)
	Trunk
	Wrist(s)
	Other: Describe:
	N/A

STANDARD CODING

ROOT CAUSE CORRECTIVE ACTION PLAN: *(Each item chosen above must have a corrective action associated with it below—be specific)*

IMMEDIATE CORRECTIVE ACTION PLAN:

Immediate Corrective Action: (A stop gap only)	**List What Issue You are Correcting:**	**Person Responsible:**	**Date due:**	**Date Completed:**

ROOT CAUSE ANALYSIS (Basic Cause Categories)

Ref.	*Check all that apply*		Ref.	*Check all that apply*	
A		**Procedures**	E		**Management System**
B		**Training**	F		**Human Engineering**
C		**Quality Control**	G		**Work Directions**
D		**Communications**			

CORRECTIVE ACTION PLAN: *(Each checked item above must have a corrective action — be specific*

Ref.	**Basic Cause Categories**	**Corrective Action** (Action taken to prevent incident from happening again and action taken to reduce the risk of incident happening again.)	**Person Responsible:**	**Date due:**	**Date Completed:**

Additional Facts and Information (if needed):

NATIONWIDE
INVESTIGATIONS
& SECURITY INC.

Incident Investigation Report Form
Instructions for Completion

Incident Investigation Form Completion Instructions

The Incident Investigation Report form is to be filed as soon as possible after an industrial injury or illness occurs or is diagnosed, near miss, property damage, environmental, or fire occurs. It may be filled out electronically or by hand in ink.

SECTION 1—LOCATION, TYPE OF INCIDENT & TEAM

Job No:	**Client:**	**Jobsite Location:**	**Location of Incident:**
Type of Incident: ☐ Injury/Illness ☐ Damage to Company Property ☐ Environmental ☐ Near Miss ☐ Fire			
Investigation Team:			
Copies to:			

Comments on selected items above:

Type of Incident-Check all boxes that apply to the incident. **Investigation Team-** Identify who is present during the investigation. (Include name and Job Title)

WORKER/ GENERAL INCIDENT INFORMATION

Employee Name:		
Job title when incident occurred (ex. Maintenance mechanic**):**		
Task being performed at the time of the incident (ex: repairing conveyor belt**):**		
Time Shift Began: ☐**a.m.** ☐**p.m.**	**Hours worked prior to incident:**	
Shift Length in Hours:	**Hours worked during the past 48 hours:**	
Witness Names:	☐ None	
PPE Worn at Time of Incident:	☐ None	☐ N/A

Comments on Selected Items above:

STANDARD CODING

Comments on selected items from the form.

NATURE OF INJURY & PART OF BODY-

Each injury must be listed by placing a 1, 2, and 3 for each. The injuries must be listed in order of severity with the most severe injury assigned a 1 followed by the next less severe injury assigned a 2, etc. The part of body associated with each individual injury must receive the same corresponding number. For example if an incident resulted in two injuries for the same person such as an arm amputation and a concussion, a numeral 1 is assigned to the amputation and a numeral 2 is assigned to the concussion. The body parts would have arm assigned numeral 1 and head numeral two respectively to match the nature of injuries.

SECTION 5—ROOT CAUSE ANALYSIS & CORRECTIVE ACTION PLAN

Comments on selected items from the form.

ROOT CAUSE-

A short term corrective action may be necessary to address the situation temporarily for example, an administrative control such as barricade tape and signs place around an opening in the floor. Be specific as to what issue you are temporarily correcting. Ensure that all corrective actions are assigned to appropriate persons and completed timely. A long term corrective action should engineer out the hazard or otherwise eliminate or control the hazard. Be specific as to what issue you listed earlier in the report that you are correcting and ensure you have a control for example; welding a steel plate over the floor opening mentioned in the example above would be a long term control. Ensure that all corrective actions are assigned to appropriate persons and completed timely.

SECTION 6—ADDITIONAL FACTS AND INFORMATION

In the area provided input any details or information that you feel would be important to the investigation but that was not listed in the report. Please be specific with the information that is input to this field as it may be used in the future to better the Incident Reporting structure.

NATIONWIDE INVESTIGATIONS & SECURITY INC.

Drivers Report of Vehicle Accident Form

Drivers Report of Vehicle Accident

Report all vehicle accidents immediately on this form regardless of amount of damage or loss. Do not discuss the accident with anyone except a Company representative or the police. In case of injury to others or serious property damage notify your supervisor at once. Be certain to secure the names and addresses of witnesses, bystanders or people in the immediate vicinity who may have seen the accident or heard any statement made by persons involved.

Be as detailed as possible.

1. Check appropriate company: Parfab Mechanical □ ParFab field Services □
2. Drivers Name: _____
3. Drivers Home Address: _____

   City: _____ State: _____ Zip: _____
4. Job Title: _____Date Employed: _____
5. Drivers License # _____ SS# _____Age: _____
6. License Restrictions? Yes □ No □ Type: _____
7. In compliance with license restrictions? Yes □ No □
8. Other Occupant's Names: _____
9. Accident Location: _____

   City: _____ State: _____ Country: _____
10. Date of Accident: _____ Day of Week: _____ Time: _____ AM □ PM □
11. Purpose of Trip (Specifics):_____
    _____
12. Vehicle Is: Owned By Company □ Rented □ Rental Company: _____
13. Vehicle Is: Auto □ Truck □ Year: _____Make: _____Model: _____
14. Describe damage to vehicle/property: _____
    _____

Use back or attach additional sheets describing damage for each vehicle.

15. Estimated cost of repair: _____
16. Injured Person's Name(s) _____
17. Describe Injuries:_____

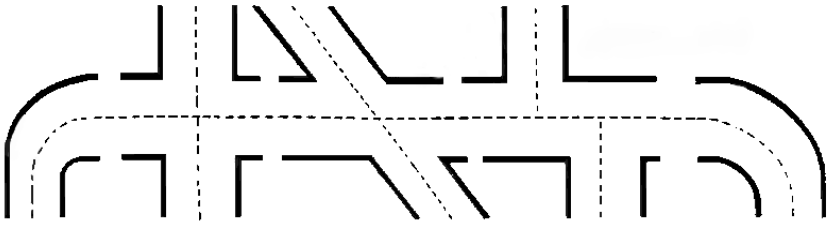
18. Lighting (Check One)	19. Road Conditions (Check One)	20. Road Characteristics (Check all that apply)	21. Road Design (Check One)
a. ☐ Daylight b. ☐ Dawn c. ☐ Dusk d. ☐ Night, lighted e. ☐ Night, unlighted	a. ☐ Dry b. ☐ Wet c. ☐ Icy d. ☐ Snow	a. ☐ Paved b. ☐ Unpaved c. ☐ Straight d. ☐ Curved e. ☐ Flat f. ☐ Hill Crest g. ☐ Sloped	a. ☐ Interstate b. ☐ Highway c. ☐ Expressway d. ☐ City Street e. ☐ Other

22. What were the drivers doing? (Check One For Each)					
Company	Other Driver		Company	Other Driver	
a. ☐	a. ☐	Going Straight	g. ☐	g. ☐	Stopped in Traffic
b. ☐	b. ☐	Overtaking/passing	h. ☐	h. ☐	Stopped at Sign/Light
c. ☐	c. ☐	Making Right Turn	i. ☐	i. ☐	Entering Traffic
d. ☐	d. ☐	Making Left Turn	j. ☐	j. ☐	Parked
e. ☐	e. ☐	Making U Turn	k. ☐	k. ☐	Backing
f. ☐	f. ☐	Slowing	l. ☐	l. ☐	Other

23. Contributing Factors/Each Driver (Check all that apply)					
a. ☐	a. ☐	Speeding	k. ☐	k. ☐	Under influence of drugs/alcohol
b. ☐	b. ☐	Traveling too fast for conditions	l. ☐	l. ☐	Inadequate brakes
c. ☐	c. ☐	Failed to yield right of way	m. ☐	m. ☐	Driver fatigue
d. ☐	d. ☐	Passed stop sign	n. ☐	n. ☐	Improper lane change
e. ☐	e. ☐	Disregarded traffic signal	o. ☐	o. ☐	Improper backing
f. ☐	f. ☐	Drove left of center	p. ☐	p. ☐	Road defect
g. ☐	g. ☐	Swerved to miss an object	q. ☐	q. ☐	Mechanical defect
h. ☐	h. ☐	Following too closely	r. ☐	r. ☐	Tire defect
i. ☐	i. ☐	Made improper turn	s. ☐	s. ☐	Other:
j. ☐	j. ☐	Driver inattention			

24. Type of collision: Head On ☐ Sideswipe ☐ Right Angle ☐ Rear End ☐
25. Citation given to: Company Driver ☐ Other Party ☐ Type: _____
26. Vehicle Cargo: _____ 27. Date of last vehicle inspection: _____
28. Any known defects in vehicle prior to accident? _____
29. Were occupants wearing seat belts? _____ 30. Were occupants of other vehicle? _____

Indicate by arrow direction of North



Instructions: Use solid line to show path of vehicle before collision _____
Use dotted line to show path of vehicle after collision _____
Indicate our vehicle ⇨ A Other vehicles ⇨ B, C, etc.

Explain how the accident happened: _____
_____
_____

Have you submitted all required reports to state and local authorities? Yes ☐ No ☐
What would you do to prevent a similar accident? _____
_____
_____

_____ _____
Driver's Signature Date Supervisor's Signature
Date

NATIONWIDE
INVESTIGATIONS
& SECURITY INC.

Drivers Report of Vehicle Accident Form
Instructions for Completion

Drivers Report of Vehicle Accident Form
Instructions for Completion

Report all vehicle accidents immediately on this form regardless of amount of damage or loss. Do not discuss the accident with anyone except a Company representative or the police. In case of injury to others or serious property damage notify your supervisor at once. Be certain to secure the names and addresses of witnesses, bystanders or people in the immediate vicinity who may have seen the accident or heard any statement made by persons involved.

COMMENTS ON SELECTED ITEMS:

- LICENSE RESTRICTIONS
  - Restriction descriptions will be located on the back of the license. List any restrictions that apply.

- OTHER OCCUPANTS NAME
  - List the names of any other passengers that were in the vehicle at the time of the incident.

- ESTIMATED COST OF REPAIR
  - A quote will need to be obtained in order to answer the question.

- INJURED PERSON'S NAMES
  - Include the names of the driver and passengers. If another vehicle is involved attempt to obtain their information as well.

- DESCRIBE INJURIES
  - Give details on locations of the injuries and the severity. If another vehicle is involved attempt to give details on their injuries as well.

- QUESTIONS 18-23
  - Follow the instructions given on the form to help identify factors that may have contributed to the incident.