

Supervisor's Property or Vehicle Damage Report

Pacific Northwest National Laboratory
PO Box 999, Richland, WA 99352

Case No:

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Personal Information

Name:
(Last) (First) (MI)

Social Security #: Gender: Female Male Birthdate:

Home Address Information

Mailing Address:

Phone #:

Employment Information

Occupation:

Department:

Employer's Name:
(If other than Battelle)

Address:
(If other than Battelle) Assigned Site:

Length of Employment: Less Than 3 Months 3 to 12 Months More Than 12 Months

Experience performing this task: Less Than 3 Months 3 to 12 Months More Than 12 Months

Type of Hours Worked: Regular Work Hours Overtime Hours Holiday Hours

PNNL Supervisor During Event:
(Last) (First) (MI) Org. Code:

Event Information

Event Type: (Check One) Property Damage Motor Vehicle

Occurred on employer's premises

Operator of equipment or vehicle

Seatbelts available

Seatbelts used

Vehicle accident also involved an injury

Damage resulted from a fire

Vehicle Accident Information

NOTE: Completion of this checklist is not mandatory. It is provided as a reference to assist you in preparing for and completing your vehicle accident investigation.

- Notify (509) 375-2400 of the accident.
- Complete a Motor Vehicle Accident Report GSA Standard Form 91 and send it to Health and Safety for review and approval within one working day.
- Request copies of reports written by local law enforcement agencies and forward them to Health and Safety.
- Notify the BNW insurance specialist of damage to BNW, private or rental vehicles.
- Report all injuries resulting from accidents involving BNW, private and rental vehicles to the Legal Department.
- Deliver to Hanford Motor Pool vehicles to WHC within 72 hrs of the accident for a damage estimate.

When did the Event Occur

Event Occurred on: (MM/DD/YY)	<input style="width: 100%;" type="text"/>	Time: (HH:MM)	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
First Reported: (MM/DD/YY)	<input style="width: 100%;" type="text"/>	Time: (HH:MM)	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Supervisor Notified: (MM/DD/YY)	<input style="width: 100%;" type="text"/>				

Where Did Event Occur

Event Occurred Indoors

Building:

Building
Operating
Status:

Describe
Location:

(Include room number, or for non-Battelle buildings and outdoor locations, include street address or description)

Event Description and Witnesses

Activity In Progress When Event Occurred

Describe What Happened

Witnesses to the Event

Name	Phone

Property or Vehicle Damage Information

Equipment design defect contributed to the accident cause/severity

Identify Damaged Property or Vehicle

Name of Damaged Item:

Property or Vehicle ID#:

Type of Vehicle:

Vehicle Owner:

Other Property or Vehicle Involved:

Describe the Extent of Property or Vehicle Damage:

Cause of the Event and Actions Taken

What Caused the Accident?

Explanation:

Corrective Actions Taken:

Investigator

Investigator's Name:

Title:

Signature:

Date: