

CITY OF APPLETON POLICY	TITLE: ACCIDENT REPORTING AND INVESTIGATING	
ISSUE DATE: October 2002	LAST UPDATE: January 2004; May 2005; July 2008; June 2010; April 2015; April 2019	SECTION: Safety
POLICY SOURCE: Human Resources Department	POLICY APPLICATION: All City Employees and Volunteers	TOTAL PAGES: 7
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I. PURPOSE

The purpose of this policy is to outline responsibilities and procedures for supervisors and employees when involved in accidents or injuries on work time, prevent future accidents, and to meet both the Wisconsin Department of Safety and Professional Services and State Department of Workforce Development recording requirements.

II. POLICY

The City is committed to working with its employees to provide a safe work environment and to manage and administer claims as a result of City accidents. In order to prevent accidents, timely and accurate accident investigation is essential. This policy provides guidelines for proper investigation. Where applicable, Valley Transit may follow different reporting and investigation procedures as established by Transit Mutual Insurance Corporation of Wisconsin. Failure to follow this policy or filing a false claim may result in disciplinary action, up to and including discharge.

III. PROCEDURES

All City of Appleton employees and volunteers should adhere to the following procedures when an accident or injury occurs. All accidents and injuries must be immediately reported to the employee’s supervisor and to the Human Resources Department. A supervisor must fully investigate the incident and work with his/her employee to complete and return the accident reports and if applicable, any witness reports, (Exhibits A and B) to Human Resources within 48 hours of the accident or injury.

Should a supervisor have reasonable suspicion to believe that an employee is under the influence of alcohol or drugs and is involved in any motor vehicle accident, injury to themselves or others, or property/equipment damage, the supervisor should follow the procedures outlined in the City’s Drug-Free Workplace policies.

A. Motor Vehicle Accidents

1. Immediately call 911 and report the accident to your supervisor.
2. Post-accident Testing – Employees who are involved in an accident while operating a motor vehicle or City equipment may be required to submit to testing based on the circumstances.
3. The filing of a State Accident Report is at the discretion of the Police Department, per State guidelines.

B. Injuries to a City Employee

1. When the injury occurs: the employee shall immediately notify his/her supervisor. The employee or the supervisor should also contact the Police Department if the injury is a result of a motor vehicle, violent act or domestic animal bite.
2. If immediate medical attention is needed, call 911 or Gold Cross for non-emergencies (920-727-3034). The employee's supervisor may also provide transportation.
3. Fatalities or life-threatening injuries should be immediately reported to the employee's Department Director and Human Resources. To contact the HR Department during normal work hours, call (920) 832-6458. Outside of normal work hours, contact either the Human Resources Director or Human Resources Deputy Director. The Human Resources Department must contact the Wisconsin Department of Safety and Professional Services within 8 hours in the event of any of the following: a) a work-related employee fatality or b) the hospitalization of 3 or more employees due to one single work-related event.
4. If immediate medical attention is not needed, the employee may obtain treatment from his/her choice of medical providers. Employees must have a physician's authorization for time lost due to a work-related injury.
5. If medical attention is sought, the employee must submit a return-to-work slip (Exhibit C) to their supervisor prior to returning to work.
6. If medical attention is not sought, the employee shall log the injury into the department's first aid log, which should be initialed by a supervisor.
7. If the incident includes a possible bloodborne pathogens exposure, refer to the City's Bloodborne Pathogen policy.
8. The City has the right to verify an injury/illness through an independent medical exam.

C. Injuries to the Public or Damage to Property Not Owned by the City of Appleton

1. All accidents resulting in an injury requiring emergency medical services to any person not employed by the City of Appleton or damage to property not owned by the City of Appleton should be immediately reported to 911, the employee's supervisor and the Human Resources Department.
2. Supervisors should take pictures of any physical damage that was caused if possible.
3. **Employees should not admit liability, discuss City operations or comment on any incident or accident involving members of the public.**
4. If a citizen wishes to file a claim against the City, he/she should be directed to the City Clerk's office. The Clerk's office will forward the claim to the Human Resources Department for follow up and response to the claimant.

D. Damage to City Property or Equipment

City owned automobiles, equipment and other property that are damaged by fire, theft, vandalism, etc., are considered property damage claims. All damage should be reported to the employee's supervisor immediately.

1. If vandalism or a theft loss occurs, notify the Police Department.
2. If a fire occurs, notify the Fire Department.
3. Supervisors should take pictures of any physical damage that was caused if possible.
4. A minimum of 2 repair estimates will be required if third party automobile repairs are needed and only if the vehicle can be driven under its own power.
5. If a third party caused damage to City property, the Human Resources Department will work with the third party's liability insurance company to recover any costs the City incurs. If a third party causes damage to City property through a criminal act, the Human Resources Department will work with the City Attorney's Office to recover the cost the City incurs. Any monetary

recoveries shall be reported to the Human Resources Department and sent to the Finance Department.

IV. RESPONSIBILITIES

A. The Human Resources Department is responsible for:

1. The overall coordination of the accident investigation program, including:
 - a. Monitoring and reviewing all investigations to ensure accuracy and prompt response.
 - b. Providing technical assistance to supervisors when needed.
 - c. Offering training for all individuals who conduct accident investigations.
 - d. Following up to see that recommendations made as a result of an investigation are evaluated and that an appropriate course of action is taken.

B. Each Department Director (or designee) is responsible for:

1. Ensuring that an investigation is completed for every work injury or accident that involves his/her employee(s), and reviewing all investigations to ensure accurate and prompt response.
2. Evaluating recommendations that come out of each accident investigation and taking appropriate actions to prevent future accidents.
3. Following up to see that corrective action is implemented.
4. Ensuring all City accident investigation forms are completed and submitted within 48 hours to Human Resources.

C. Supervisors are responsible for:

1. Promptly reporting all accidents to Human Resources. Contacting Human Resources as soon as possible if a serious accident occurs or if the employee seeks medical treatment or misses work due to an injury sustained on the job.
2. Investigating and documenting all accidents properly, including completing and submitting the proper accident reports (Exhibit A) within 48 hours to Human Resources.
3. Obtaining written witness statement(s) (see Exhibit B), when applicable. Witnesses should be given this statement form (Exhibit B) to complete and then returned to the appropriate supervisor. Supervisors may complete this form, on behalf of the witness, if the witness is unable to complete this form.
4. Working with the Human Resources Department, the employee and his/her medical provider to return the employee to work on restricted or full duty.
5. Obtaining the employee's completed Return-to-Work Slip (Exhibit C) prior to the employee returning to work. The supervisor should forward this form to Human Resources upon receipt from the employee or employee's physician.

D. Employees are responsible for:

1. Reporting all accidents immediately.
2. Cooperating fully with a City investigation.
3. Working with his/her supervisor to complete and submit the Accident Investigation Report (Exhibit A) to Human Resources within 48 hours of the accident or injury.
4. Providing a completed Return-to-Work slip (Exhibit C) to his/her supervisor prior to returning to work if he/she sought medical treatment or missed work due to an accident or injury sustained on the job. If the injury or accident results in an extended absence, the employee is required to keep in contact with his/her supervisor and/or HR Generalist to keep the City informed of his/her progress and anticipated treatment plan.
5. Ensuring that a supervisor initials his/her first aid log entry if the employee chooses to not seek formal medical treatment.

City of Appleton Incident / Accident Report Form – Employee’s Account | Exhibit A, Page 1

INSTRUCTIONS: SUPERVISORS MUST SUBMIT ALL VEHICLE ACCIDENTS (EXCEPT FOR VALLEY TRANSIT) TO CEA. FAX TO 832-5570. THIS REPORT MUST ALSO BE SENT TO HR (FAX TO 832-5845) AND THE APPROPRIATE DEPARTMENT DIRECTOR WITHIN 48 HOURS.			
Employee Name (<i>Print</i>):			
Employee ID:		Employee’s Department:	
Type of Incident / Accident: (<i>check all that apply</i>)	<input type="checkbox"/>	Employee Injury	
	<input type="checkbox"/>	City Vehicle / Equipment / Property Damage	
	<input type="checkbox"/>	Injury to Public	
	<input type="checkbox"/>	Public Vehicle / Equipment / Property Damage	
Date and Time of Incident / Accident:			
Location of Incident / Accident:			
Witness Name(s), if applicable:			
Describe how the incident/accident occurred (if additional space is needed; use a separate page):			
Describe any injuries received by the employee or the affected public (if applicable); be specific:			
Did you (for employee injuries only) seek medical treatment? ____ Yes ____ No If “yes” response, I understand that I must provide a return to work certificate signed by my medical provider to my supervisor. _____ (<i>initial here</i>) Name of medical facility and doctor seen:			
Provide description of City vehicle(s) / property / equipment involved in the accident:			
Describe damage to City property (vehicles, equipment, etc.) and any damage to the affected public’s property (if applicable); be specific:			
What suggested changes do you have that, if made, might make it less likely for a similar incident / accident to occur in the future?			

The above statement(s) are true and correct to the best of my knowledge.

Employee Signature: _____

Date and Time Signed: _____



City of Appleton Incident / Accident Report Form – Supervisor’s Investigation | Exhibit A, Page 2

Employee Name (<i>Print</i>):					
Date of Incident / Accident:					
Date Incident / Accident Reported:					
Police Incident # (<i>if applicable</i>)					
<input type="checkbox"/>	Check here if there were witness(es) to this incident/accident. If so, obtain written witness statements (<i>use form under Exhibit B</i>).				
<input type="checkbox"/>	Check here if there is security or traffic camera footage of this incident/accident. If so, download this camera footage and send a copy to the Human Resources Department.				
Did employee seek medical treatment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Where:
Did employee lose time from work?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Last day worked:
Incident / Accident Description: Provide a detailed description of the incident (<i>include any pertinent photographs, diagrams and police reports or police report numbers</i>). Aid for diagrams (show vehicles/equipment as follows: City – “A” & Other – “B”). In addition, label street signs, location of signs and point of impact between vehicles and/or equipment. If additional space is needed; use a separate page.)					
Possible Corrective Actions to Prevent Recurrence (check all that apply):					
<input type="checkbox"/>	Isolate or guard the hazard	<input type="checkbox"/>	Improve lighting	<input type="checkbox"/>	Improve new employee orientation
<input type="checkbox"/>	Design out / remove hazard	<input type="checkbox"/>	Improve job briefing	<input type="checkbox"/>	Conduct more frequent inspections
<input type="checkbox"/>	New / different tools or equip	<input type="checkbox"/>	Additional training	<input type="checkbox"/>	Improve prev. maintenance program
<input type="checkbox"/>	Add signs / warning labels	<input type="checkbox"/>	Improve ventilation	<input type="checkbox"/>	Improve enforcement of procedures
<input type="checkbox"/>	Improve housekeeping	<input type="checkbox"/>	Improve lighting	<input type="checkbox"/>	Policy / procedure change
<input type="checkbox"/>	Obtain new / upgrade PPE	<input type="checkbox"/>	Other:		
Describe correction action(s) recommended, if any, to prevent recurrence:					
<i>What will be done?</i>		<i>Who will do it?</i>		<i>When will it be done?</i>	

Employee’s Signature _____

Date _____

Supervisor’s Signature _____

Date _____

Reviewed by Director’s Signature _____

Date _____



City of Appleton Witness Reporting Form | Exhibit B

Witness Name (<i>Print</i>):			
Witness Address:			
Witness Phone:			
Date & Time of Incident/Accident:			
This form was completed by (<i>Print Name</i>):			
It witness a City employee?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Were you at the accident scene?	<input type="checkbox"/>	Before the accident occurred.	
	<input type="checkbox"/>	While the accident was occurring.	
	<input type="checkbox"/>	After the accident occurred.	
Please answer the following. If additional space is needed; use the back of this form or additional sheets.			
1. Who was involved in the accident?			
2. When did the accident happen?			
3. How did the accident happen?			
4. Describe in detail the events that occurred before the accident as you remember them.			
5. If there were significant factors (e.g., poor weather conditions, equipment malfunction, etc.) that may have contributed to the cause of this accident, list them here.			

(Use back for a diagram, if necessary.)



Employee Return-to-Work Form | Exhibit C

EMPLOYEE WORK RESTRICTIONS

Patient Name: _____

Current Job: _____

Physician Name (please print): _____

Phone: _____ Fax: _____

Date you saw patient: ____-____-____ Time In: _____ Injury Date: ____-____-____

Patient Description of Injury: _____

Diagnosis: _____

Treatment: _____

Part Time 1st Shift Sun. Thurs.
 Full Time 2nd Shift Mon. Fri.
 Seasonal 3rd Shift Tues. Sat.
 Temporary Swing Wed.
 Next scheduled work day _____
 Shift _____
 Shift Supervisor _____

Prescription strength medications ordered: Yes No

Medications: _____

Plan: _____

- DISPOSITION:
1. Patient is unable to work at this time.
 2. Recommend his/her return to work with no limitations on (DATE): _____
 3. He/She may return (DATE) _____ with a daily time limitation of _____ and/or with the following limitations until _____ or until re-evaluation on _____.

CHECK ONLY AS RELATES TO ABOVE CONDITION

- SEDENTARY WORK.** Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as docket, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.
- LIGHT WORK.** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arms and/or leg controls.
- LIGHT MEDIUM WORK.** Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- MEDIUM WORK.** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- LIGHT HEAVY WORK.** Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- HEAVY WORK.** Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

N=Never/Not Able		F=Frequent up to 30x/hr.			
O=Occasional up to 4 times/hr.		C=Constant over 30x/hr.			
Specify Restrictions for 24 day					
	N	O	F	C	
Sitting/Driving					Lab Work Yes ___ No ___
Standing/Walking					
Climbing					X - Rays Yes ___ No ___
Bending					
Kneeling/Squatting/Crawling					
					R L BIL
Reaching-Horiz./push-pull					
Reaching-Vert./above shoulder					
Gross Handling					
Finger Manipulation					
Single Grasping					
Repetitive Foot Movement					

OTHER INSTRUCTIONS AND/OR LIMITATIONS:

SCHEDULED APPOINTMENTS:

Referral Clinic _____ Date: _____ Time: _____

Referral Clinic _____ Date: _____ Time: _____

Time Out: _____ Called Employer Date _____ Signature _____

I hereby authorize my attending physician and/or hospital to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified on this form to my employer or his representative.

PATIENT'S SIGNATURE

Date

PHYSICIAN'S SIGNATURE

Date

