

CITY OF PALMER

HUMAN RESOURCES DEPARTMENT

INCIDENT INVESTIGATION REPORTTo be completed by Department Director or Designee

Investigation Details:	
DATE OF INVESTIGATION:	TIME OF INVESTIGATION:
NAME OF INVESTIGATOR:	
INCIDENT DETAILS:	
DATE OF INCIDENT:	TIME OF INCIDENT:
LOCATION INCIDENT OCCURRED:	
TYPE OF INCIDENT: INJURY ILLNESS/EXPOSURE	☐ AUTO ACCIDENT
INDIVIDUAL(S) INJURED: EMPLOYEE MEMBER O	F THE PUBLIC
CONTACT INFORMATION FOR MEMBER OF THE PUBL	JC:
(USE ADDITIONAL PAPER IF NEEDED)	
POLICE REPORT FILED: ☐YES ☐NO	
REPORT NUMBER/RESPONDING DEPARTMENT	
FOR EMPLOYEES — DID THE INCIDENT REQUIRING DRUG OR AL	COHOL POST INCIDENT TESTING: YES NO
CONTACT HUMAN RESOURCES IMMEDIATELY TO SC	HEDULE TESTING IF NEEDED AT (907) 982-4533
almer Personnel Regulations 4.120.110 Post-acc	cident testing.
soon as practicable following a motor vehicle accident investigation and controlled substances if:	olving a city vehicle, the city shall test the employee fo

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- A. The accident involved the loss of human life; or
- B. A citation is issued under state or local law for a moving traffic violation arising from the accident; or
- C. The accident involved:
 - 1. Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
 - 2. One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle. (Ord. 12-001 § 3, 2013)

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Nature of Injury:				
MEDICAL CARE NEEDED (INCLUDING BA	SIC FIRST AID): YES NO			
Type of Cape. Facebook Thank				
Type of Care: Emergency Trans	PORT(AMBULANCE) □EMERGENCY F	ROOM HOSPITAL ADMISSION		
☐ CLINIC/PRIMARY CA	ARE BASIC FIRST AID			
Mithieses				
WITNESSES: LAST NAME	FIRST NAME	Job Title		
1)	TIKSTIVAIVIE	JOB THEE		
2)				
	1			
3)				
3) 4)				
4)				
4) EVENTS THAT PRECEDED THE INCIDENT:				
EVENTS THAT PRECEDED THE INCIDENT: Describe events earlier that day or particular that day	previous history that led up to or cor			
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DESCRIPTION OF INCIDENT:

NCIDENT INVESTIGATOR	(SUPERVISOR OR DESIGNEE)		
W orker Compensatio	n Employer Form Completed: []YES □ NO	
4)			
3)			
2)			
1)			
	ENTIFIED AND TAKEN OR ASSIGNED TO	PREVENT RECURRANCE OF SIN	MILAR INCIDENT:
ONTRIBUTED TO THE	INCIDENT		