

STATE OF HAWAII
INTERNAL DEPARTMENT USE
INCIDENT / ACCIDENT REPORT
(INFORMATION ON INJURY/SAFETY/HEALTH MATTERS)

SELECT CATEGORY FOR THIS REPORT:

RECORDS ONLY INCIDENT: AN EVENT WHICH MAY OR COULD HAVE RESULTED IN PHYSICAL HARM OR PROPERTY DAMAGE BUT NO CLAIM IS EXPECTED TO BE MADE.

ACCIDENT: AN EVENT WHICH RESULTED IN PHYSICAL HARM OR PROPERTY DAMAGE.

RULES FOR HANDLING NEW REPORTS

- 1. NEVER ADMIT LIABILITY. AVOID SAYING THAT THE EVENT OR SITUATION WAS UNSAFE, DANGEROUS, HAZARDOUS, UNPROFESSIONAL, SUBSTANDARD OR OTHERWISE DEFICIENT.**
- 2. REFER TO THE INCIDENT OR ACCIDENT AS AN **UNFORTUNATE EVENT** OR SITUATION.**
- 3. ASK QUESTIONS TO GATHER PERTINENT FACTS AND TO CLARIFY IMPORTANT POINTS.**
- 4. REVIEW YOUR UNDERSTANDING OF THE INCIDENT OR ACCIDENT WITH THE CALLER.**
- 5. INFORM THE CALLER THAT THE MATTER WILL BE INVESTIGATED PROMPTLY AND THAT FOLLOW-UP WILL BE MADE.**
- 6. EXPRESS SINCERE THANKS FOR THE CALLER'S INFORMATION AND/OR SUGGESTION TO CORRECT, PREVENT PROBLEMS OR TO PROMOTE PUBLIC HEALTH AND SAFETY.**
- 7. NEVER COMMIT TO PAY ANY MEDICAL BILLS.**
- 8. REMEMBER – YOU ARE THE FIRST IMPORTANT STEP IN LOSS CONTROL FOR THE STATE OF HAWAII. IF THE CALLER IS LEFT FEELING THAT THE STATE IS UNCONCERNED, A LAWSUIT COULD BE INITIATED.**

Completion of this report includes prompt presentation of the report to your immediate supervisor for investigation, then to the departmental risk management coordinator for review. Prompt reporting of the incident/accident will allow the State to investigate and collect facts while they are still available and fresh in mind. Accuracy is always in the best interests of the State.

PRINT LEGIBLY OR TYPE

STATE OF HAWAII
INCIDENT / ACCIDENT REPORT (INTERNAL DEPT USE)

1. DATE STATE RECEIVED NOTICE OF LOSS: _____
2. STATE EMPLOYEE WHO RECEIVED NOTICE OF LOSS: Name: _____
Direct Phone: _____ Email: _____
3. NAME OF CALLER: _____
4. CALLER'S ADDRESS: _____
5. CALLER'S PHONE #: _____ 5A. CALLER'S EMAIL: _____

INCIDENT INFORMATION AS REPORTED BY CALLER:

ACCIDENT	Date: _____ Time: _____ Location: _____ Type of Incident: Bodily Injury Property Damage Other: _____ Description: _____												
INJURED PERSON	Name: _____ Age: _____ Telephone: _____ Address: _____ Nature & Extent of Injury: (list additional injured persons on back of form)												
PROPERTY DAMAGE	Owner Name: _____ Telephone: _____ Description of Property: _____ Describe Damage: _____ Where can property be inspected: _____												
WITNESSES	<table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 33%;">Name</th><th style="width: 33%;">Address</th><th style="width: 33%;">Telephone</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Name	Address	Telephone	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Address	Telephone											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
POLICE REPORT	Was a Police Report completed? Yes No Uncertain Police Report Number: _____												
ADDITIONAL INFO	Any additional information to provide?												

