



**CITY OF DEER PARK ACCIDENT INVESTIGATION REPORT**

**CAUSES OF THE ACCIDENT**

**Using the list below, please identify cause(s) or potential cause(s) that contributed to this incident. Check all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> Improper instruction                                | <input type="checkbox"/> Failure to lockout equipment for use     |
| <input type="checkbox"/> Lack of training or skill                           | <input type="checkbox"/> Inadequate lighting                      |
| <input type="checkbox"/> Operating without authority/unauthorized activity   | <input type="checkbox"/> Inadequate ventilation                   |
| <input type="checkbox"/> Horseplay   | <input type="checkbox"/> Unsafe lifting                           |
| <input type="checkbox"/> Physical or mental impairment                       | <input type="checkbox"/> Inoperative safety device                |
| <input type="checkbox"/> Failure to use proper personal protective equipment | <input type="checkbox"/> Unsafe arrangement or process            |
| <input type="checkbox"/> Unsafe clothing                                     | <input type="checkbox"/> Improper use of equipment                |
| <input type="checkbox"/> Improper maintenance                                | <input type="checkbox"/> Failure to use available tools/equipment |
| <input type="checkbox"/> Unsafe/Defective tool or equipment                  | <input type="checkbox"/> Poor housekeeping                        |
| <input type="checkbox"/> Distraction   | <input type="checkbox"/> _____                                    |

***Why did the unsafe condition exist?***

***Why did the unsafe acts occur?***

***Was there a reward, incentive, or supervisory order, or time constraint that may have encouraged the unsafe conditions or acts to occur?***       Yes       No

***Were the unsafe acts or conditions reported prior to the incident?***       Yes       No

***Have there been similar incidents or near misses prior to this one?***       Yes       No

***If 'Yes' to any of the above three, please provide a detailed explanation below and/or attached.***

***Did the incident/injury require medical treatment beyond on-site first aid and/or involve damage to any property of over \$1000?***



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**AUTO INCIDENTS (To Be Completed ONLY IF no Deer Park Police Investigation)**

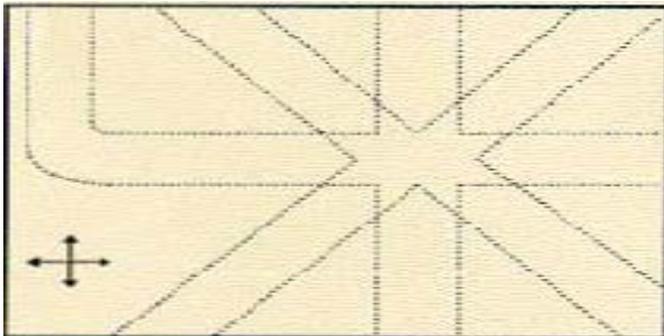
Diagram of Accident

Indicate names of streets, direction of vehicles and N, S, E or W

Label Vehicles:

1 (you)

2 (other)



Describe the auto incident in as much detail as possible (incl. road/weather cond., time, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City Driver/Vehicle Information:

Driver's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Yr/Make/Model of Vehicle: \_\_\_\_\_ Unit #: \_\_\_\_\_

License Plate #: \_\_\_\_\_ VIN# (last 4 digits): \_\_\_\_\_

Police Officer Name: \_\_\_\_\_ Police Report #: \_\_\_\_\_

Name of Doctor/Hospital injured employee(s) taken to: \_\_\_\_\_  
\_\_\_\_\_

Other Vehicle Driver Information:

Driver's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Make/Model of Vehicle: \_\_\_\_\_ D.L. #: \_\_\_\_\_

Name of Insurance Co.: \_\_\_\_\_ Insur. Phone #: \_\_\_\_\_

Name of Doctor/Hospital injured employee(s) taken to: \_\_\_\_\_

EMPLOYEE ACCIDENT (Employee Completes If They Sustain An Injury)

**CITY OF DEER PARK, TEXAS**

**Employee Acknowledgement of the Alliance Contracting Program and Concurrent FMLA Time**

It has been communicated to me that my employer has workers' compensation insurance coverage for on the job injuries/illnesses. If I am hurt on the job, I understand that:

1. I must choose a treating doctor from the Alliance list of doctors designated as treating doctors.
2. I must have a post-accident drug screen conducted by a City authorized screen provider (Deer Park Family Clinic, DISA or Forward Edge) if a screen is necessary.
3. I must go to my treating doctor for ALL health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may seek emergency treatment.
4. I may have to pay the bill if I receive health care from a doctor other than an Alliance doctor without approval from the Texas Municipal League Risk Pool Adjuster.
5. The City generally continues employee wages (via injury leave) during an injury. Should you also receive temporary income benefits (TIB) from TML for the injury, to prevent overpayment of wages, I would be required to sign over and return any TML TIB checks to the City as soon as I receive them.
6. If eligible, Family Medical Leave (FMLA) will run concurrently with Workers' Compensation leave time.
7. If I need prescription drugs as a result of the injury, I should contact Human Resources for a "First Fill" prescription card for initial workers' compensation medication coverage.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Printed Name

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Name of Direct Contracting Program: Political Subdivision Workers' Compensation Alliance (the Alliance). Direct Contracting service areas are subject to change. To locate a treating doctor within your area, visit the PSWCA web site at [www.pswca.org](http://www.pswca.org) or contact your adjuster.

**Sample Listing of Participating Pharmacies in the "First Fill" program**

The below is a sampling of nearly 64,000 pharmacies that honor our program:

Albertsons	Receipt Pharmacy	Costco
H-E-B Pharmacy	Sam's Pharmacy	Wal-Mart Pharmacy
Brookshire Brothers	Texas Oncology Pharmacy	CVS Pharmacy
Walgreens	Tom Thumb	Target Pharmacy
K-Mart	United Pharmacy	Randall's
Medicine Shoppe		

For additional pharmacies within your area, call Progressive Medical's Client Services department at 1.866.939.6014 or visit our Web site at [www.progressive-medical.com](http://www.progressive-medical.com). Go to either Workers' Compensation or Auto No-Fault, Tools and Resources, Pharmacy Look Up and enter your city, state or zip code and click on "Locate". You will see a listing of pharmacies in your area.

***Complete ONLY IF Employee Sustains Injury***