



FARMERS

Supervisor's Fleet Accident Analysis Report

Driver's Name:	Age:	Social Security Number:												
Assigned Location:	Department:	Date of Last Driver Training:												
Location of Accident	Date of Accident:	Time of Accident:												
What happened?	Describe what took place or what caused you to make this investigation. Include type of accident injury, exact part of body, vehicle or equipment damaged, and place of occurrence.													
Why did it happen?	Get all the facts by studying the situation involved. Question by use of Why - What - Where - When - Who - How.													
What should be done?	Determine which of the 12 items under E M P require additional attention. <table border="0"> <tr> <td>Equipment <i>(Select)</i></td> <td>Material <i>(Select)</i></td> <td>People <i>(Select)</i></td> </tr> <tr> <td>Arrange</td> <td>Place</td> <td>Place</td> </tr> <tr> <td>Use</td> <td>Handle</td> <td>Train</td> </tr> <tr> <td>Maintain</td> <td>Process</td> <td>Lead</td> </tr> </table>		Equipment <i>(Select)</i>	Material <i>(Select)</i>	People <i>(Select)</i>	Arrange	Place	Place	Use	Handle	Train	Maintain	Process	Lead
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Arrange	Place	Place												
Use	Handle	Train												
Maintain	Process	Lead												
What have you done thus far?	Take a recommended action, depending on your authority. Follow-up: Was action taken effective?													
How will this improve operations?	Objective:													

Investigated by:	Date:	Reviewed by:	Date:
Preventable:	Non-Preventable:	Seat Belts:	Yes: No: Yes: No: