



Accident Packet # \_\_\_\_\_

Incident Packet # \_\_\_\_\_

*Note: A Safety Lead narrative should be completed by any Safety Lead who had any involvement with the accident/incident. Safety Leads should document what happened and/or what they did following the accident. This section should be completed at the time of the accident/incident.*

**1** Answer the following questions

How were you contacted?     Witnessed accident/incident     Person     Other: \_\_\_\_\_

Who contacted you? \_\_\_\_\_

Please describe how you were notified in detail: \_\_\_\_\_

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

**2** Only state the facts; do not editorialize on the form. Indicate circumstances of the accident/incident in the space provided below.

What did you see happen or were you told happened by the person notifying you of the accident/incident?

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

What actions did you take in the accident/incident response?

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

Who was present at the time of the accident/incident?

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



