

U.S. ARMY CORPS OF ENGINEERS, PACIFIC OCEAN DIVISION HEADQUARTERS IMMEDIATE REPORT OF ACCIDENT For use of this form, see EM 385-1-1, the proponent agency is CEPOD-SO		SOHO USE ONLY DATE RECORDED TIME RECORDED	
TO (COE OFFICE):		FROM:	
1. NAME OF PERSON REPORTING ACCIDENT _____		1a. PHONE NO. _____	
2. ACCIDENT INFORMATION (CHECK ALL THAT APPLY): <input type="checkbox"/> INJURY <input type="checkbox"/> INITIAL REPORT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> ILLNESS <input type="checkbox"/> FOLLOW UP REPORT* <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> FATALITY <input type="checkbox"/> FINAL REPORT <input type="checkbox"/> PUBLIC			
*A follow up report is due within 24 hours of any changes or additional information related to the accident (e.g., workers duty status)			
3. CONTRACTOR/SUBCONTRACTOR		3a. CONTRACT NO.	
4. LOCATION OF ACCIDENT (be specific, include project name and number)		4a. DATE OF ACCIDENT	4b. TIME OF ACCIDENT
5. NAME OF PERSON INVOLVED/INJURED (Last name, First name)		5a. AGE	5b. OCCUPATION
6. What was the activity before the accident occurred? Describe the activity, as well as the tools, equipment, or materials the employee was using (e.g., excavating with a backhoe, electrical equipment installation, demolition of facility, erecting structural steel):			
7. What Happened? Tell how the injury, illness, or property damage occurred (e.g., struck by, contacted by, cut by, strained by, fell from same or different level, stung by):			
8. What was the injury, illness or property damage (e.g., contusion, bruise, muscle strain, fracture, respiratory, allergic reaction, skin disease, poisoning, collapsed crane boom, engine fire, damaged utilities)?			
9. Is the injury, illness, or property damage recordable as defined in OSHA 29 CFR Part 1904 or ER 385-1-99? If yes, an ENG Form 3394 must be submitted within 10 days. Note: An injury or illness is recordable if it results in death, days away from work, transfer to another job, restricted work, medical treatment beyond first aid, loss of consciousness or other significant illness. Property damage of \$2000.00 or more is recordable. <input type="radio"/> Yes <input type="radio"/> No			
10. What medical treatment was required for the injury or illness (e.g., first aid, sutures, prescription medication, x-rays, cast)?			
11. If medical treatment was given away from the work site, where was it given?			
12. Was employee hospitalized overnight as an in-patient? <input type="radio"/> Yes <input type="radio"/> No	13. Estimated days away from work:	13a. Estimated Job Transfer or Restricted Days:	13b. Estimated days hospitalized:
15. Did accident result in property damage? <input type="radio"/> Yes <input type="radio"/> No	16. If yes, estimated property damage (if property damage is \$2000 or greater ENG Form 3394 must be completed and submitted)		
17. **Accident Board of Investigation Required? <input type="radio"/> Yes <input type="radio"/> No	17a. If yes, was immediate notification to the designated authorities made? District Safety Officer and Commander must be notified of all serious cases. <input type="radio"/> Yes <input type="radio"/> No		
** A board of investigation is required if the the accident results in: A. a fatality, B. three or more people admitted to the hospital, C. permanent total or partial disability, or D. property damage of \$500,000 and greater.			
18. NAME AND TITLE OF INDIVIDUAL WHO WILL INVESTIGATE THIS ACCIDENT			
NAME AND TITLE OF PERSON REPORTING	PHONE:	SIGNATURE	DATE

