

**CITY OF GEORGETOWN
PUBLIC ACCIDENT INVESTIGATION FORM**

SECTION A: Must be completed immediately upon notification

Date of Accident: / / Time: am/pm

Description of the accident:

(Attach additional sheets if necessary)

Claimants: (Name)	Address	Telephone Number	Occupation

Extent of injury	Ambulance	Doctor	Hospital
	Yes ---- No ----	Yes ---- No ----	Yes ---- No ----
	Yes ---- No ----	Yes ---- No ----	Yes ---- No ----

Treatment

City Employees at Scene (Name)	Job Title

Witnesses (Name)	Address	Telephone number

Law or other officials investigating (Name)	Address	Telephone number

SECTION B: Must have technical assistance by Engineering staff (If electrical accident)

Weather and Terrain Conditions

System Profile

Protective Devices			
Type	Location	Rating	Did they operate?

Did outage occur			
Yes <input type="checkbox"/> No <input type="checkbox"/>	Date / /	Time am/pm	Duration

Was City Notified or Aware of work in the Area (Explain)

Clearances
Prepare and attach a diagram to a known scale with accurate measurements. If clearances are reduced because of the accident, measurements and photographs are needed before returning to original condition. Document what caused the reduced clearance, such as broken pole or guy wire, construction equipment, etc. Reference distance to the point of contact.

Code requirements

Additional Comments

Prepared by:	Job Title	Date
		/ /