



PINAL COUNTY

SUPERVISOR'S INVESTIGATION REPORT

USE THIS FORM TO PROVIDE ADDITIONAL INFORMATION ON COUNTY-OWNED MOTOR VEHICLE INCIDENTS OR DAMAGE TO COUNTY EQUIPMENT. *For assistance call Risk Management at 520-866-6236*

COMPLETE THE FORM WITHIN 24 HOURS. SUBMIT TO: riskmgmt@pinal.gov

EMPLOYEE AND DEPARTMENT INFORMATION

EMPLOYEE NAME:	CITIZEN NAME:	DATE/TIME OF INCIDENT:
DEPARTMENT:	DEPARTMENT ADDRESS:	

INVESTIGATION INFORMATION

INTERSECTING STREET AND/OR MILE POST NUMBER:	<input type="checkbox"/> INTERSECTION <input type="checkbox"/> NON-INTERSECTION	POLICE AGENCY & REPORT NUMBER:
VEHICLE/EQUIPMENT INVOLVED: <input type="checkbox"/> OTHER COUNTY VEHICLE # _____ <input type="checkbox"/> FIXED OBJECT		COUNTY VEHICLE NUMBER:
<input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER VEHICLE <input type="checkbox"/> OTHER-EXPLAIN:		

EVENT/INCIDENT/ACCIDENT DESCRIPTION:

INVESTIGATION DETAILS – ACTIONS TAKEN TO INVESTIGATE THE INCIDENT:

- INTERVIEW EMPLOYEES/WITNESSES TAKE PHOTOS OF INCIDENT/SCENE
 VISIT SCENE TO INVESTIGATE OTHER-EXPLAIN:

ROOT CAUSE ANALYSIS (WHY DID IT HAPPEN?)

CORRECTIVE ACTION STEPS (WHAT SHOULD BE DONE?)

STEP 1:

START DATE _____

COMPLETION DATE _____

PERSON(S) RESPONSIBLE _____

STEP 2:

START DATE _____

COMPLETION DATE _____

PERSON(S) RESPONSIBLE _____

SUPERVISOR NAME AND SIGNATURE	SUPERVISOR TITLE	DATE
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