DEPARTMENT OF NATURAL RESOURCES

EMPLOYEE/EQUIPMENT INJURY/ACCIDENT 1st REPORT

This form must be completed for all employee/equipment incidents regardless of extent of injury/damage.
Check all boxes that apply: ☐ Employee Injury (submit/email within 24 hours)
☐ Vehicle/Equipment Incident ☐ Near Miss Report

Section I: EMPLOYEE INFORMATION

Employee I.D. # (8 digits)	Date of Incident	Time of Incident (e.g. 8 AM) _____ ☐ AM ☐ PM	Employee Job Classification

Region	Discipline / Park Name	Work Station Location and Address	Date hired

Employee Name (Last)	(First)	(M.I.)	Work Telephone Number

Work Shift: Days and Hours (e.g. M–F, 8 AM–4:30 PM)	Did employee have other regular employment outside of state employment at the time of incident? ☐ No ☐ Yes **If yes, where**:

Name of Supervisor Notified of Incident	Supervisor's Title	Supervisor's Telephone Number	Date Notified of Incident

Time started work day of incident _____ ☐ AM ☐ PM	Has employee had previous work-related injuries: ☐ No ☐ Yes ***If yes, what date?**	Has employee had previous DNR vehicle/equipment incidents? ☐ No ☐ Yes ***If yes, what date?**

Detailed Location/Site of Where Incident Occurred:

Section II: EMPLOYEE INJURY/MEDICAL INFORMATION

Specific Part of Body Affected (e.g. right ankle, neck, etc.)	Nature of Injury (e.g. cut, bruise, sprain, etc.)	
Did Injury Cause Loss of Time or Restricted Duty Beyond Incident Date?	☐ No ☐ Yes*	*If yes, from what date: _____
Has Injured Employee Returned to Work?	☐ No ☐ Yes*	*If yes, on what date: _____

Name of Treating Physician	Name of Clinic/Hospital	Telephone Number with Area Code

Clinic/Hospital Address:	City:	ZIP:

Was employee treated in an emergency room? ☐ No ☐ Yes	Was employee hospitalized overnight as an in-patient? ☐ No ☐ Yes

If an injured employee is admitted to an overnight stay at a hospital or requires immediate surgery on the date of the injury, the supervisor should immediately contact Corvel Managed Care at 612-436-2542 or 1-866-399-8541.

Section III: EQUIPMENT AND OPERATOR INFORMATION

☐ **Incident involved outside parties and/or $1,000 in damage: if applicable, check box and complete MN Motor Vehicle Accident Report.**

Year	Make	Asset #	Description:	Mileage

Does the employee have a valid driver's license? ☐ Yes ☐ No License Class: ☐ A ☐ B ☐ C ☐ D Date of last Defensive Driver's Training _____ Date of Towing & Trailer Safety training (if involves trailer) _____ Date of qualification (if involves off-road equipment) _____	Was a citation issued? ☐ No ☐ Yes If Yes for what? _____

Damage to Vehicle (describe in detail; attach add'l sheet if necessary):

Driver's initial estimate to damaged DNR equipment: $ _____

Driver's initial estimate to other damaged equipment: $ _____	Year and Make of other damaged equipment involved

☐ **If MN Motor Vehicle Accident Report completed, check box, attach report, and complete Section IV Supervisor's Analysis.**

Section IV: SUPERVISOR'S ANALYSIS OF ACCIDENT—MANDATORY

1. Detail what the employee was doing and how the incident occurred. Start with what the employee was doing prior to the incident.					
2. From your investigation, what was the cause(s) and contributing factors of this incident?					
3. What steps have or will be taken to prevent this type of incident in the future?					
Name of Witness/es		Work Telephone Number/s (Including area code)			
Employee Signature	Date	Employee's Supervisor Signature	Date	Regional Mgr/Supvr Signature	Date

Section V: REPORT STATUS

Is this a preliminary report and investigation is in progress? ☐ Yes ☐ No	**If *Yes*, email final report to regional Management Resources when completed.**
Is this considered a complete final report? ☐ Yes ☐ No	

Supervisor: Sign form, scan and email to mrincident.dnr@state.mn.us, your Manager, and Regional Management Resources (or Safety Supervisor for Central Office functions). Retain a copy for your records.

FORM COMPLETION INSTRUCTIONS

Section I: EMPLOYEE INFORMATION

- Complete all information requested; use Employee I.D. number

Section II: EMPLOYEE INJURY/MEDICAL INFORMATION

- Employee/Supervisor complete all information requested.
- If no injury, indicate "no injury."
- PART OF BODY: Describe part of body affected, i.e., right wrist, upper back, lower back, etc.
- NATURE OF INJURY: Describe nature of injury, i.e., sprained wrist, strained back, cut finger, bruised leg, broken arm, etc.
- If a physician prescribed time off work or restricted duty, the physician must fill out a Report of Workability form and it is to be submitted/emailed to mrincident.dnr@state.mn.us.
- If a physician was not seen, write none or NA

Section III: VEHICLE/EQUIPMENT INFORMATION

- Complete all information requested in detail.
- Attach copy of MN Motor Vehicle Accident Report if damage is more than $1,000 or involves another party, or results in bodily injury or death, engages law enforcement.
- Also attach Police Report if applicable.

Section IV: SUPERVISOR'S ANALYSIS OF ACCIDENT

- Reference Health and Safety Manual, Accident Investigation Policy.
- Detail what the employee was doing and how the incident occurred. Start with actions and behaviors of employee prior to the incident.
- From your investigation, what was the cause(s) and contributing factors of this incident?
- What steps have or will be taken to prevent this type of incident in the future?
- Complete the Witness section. (If no witness, state none.)
- Employee may sign and date the report. (Signature is not mandatory.)
- Supervisor *must* sign and date the report. Supervisor's signature and date are mandatory for inputting as a First Report of Injury to DOER. If the employee or supervisor are unavailable for signature, email the report to the Regional Management Resources office as soon as possible, noting a signed report will be coming as soon as signatures are obtained. Additional information to the accident may be put on separate sheet and/or added to the report at any time thereafter.

Employee's Supervisor:

Complete the Employee/Equipment Injury/Accident Investigation report in detail; sign, scan, and email to mrincident.dnr@state.mn.us, your Regional Manager, and your Regional Management Resources within 24 hours of being notified of injury.