

# First Report of Employee or Volunteer Injury/Vehicle or Equipment Damage/Accident

This form is to be completed for all employee or volunteer injuries, vehicle or equipment damage/accident regardless of the extent of injury/damage.

**Submit within 24 hours by email to** [**mrincident.dnr@state.mn.us**](mailto:mrincident.dnr@state.mn.us)

**Select “View” then “Edit Document” to fill-in and complete the form**

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| Check all boxes that apply:  **DNR** **Employee Injury**  **Volunteer Injury**  **Vehicle/Equipment Damage or Accident**  **Near Miss**  Checklists, forms, and additional information are available on the DNR [Work Injury Resources](http://intranet.dnr.state.mn.us/safety/workerscomp/index.html) and [Fleet Incident Reporting](http://intranet.dnr.state.mn.us/mr/fleet/accidents.html) intranet pages. | | | | | | | |
| Section I. Employee Information | | | | | | | |
| Employee ID #: | | First Name: | | Last Name: | | | Date of Incident: (mm/dd/yyyy): |
| Time of Incident  am  pm | | Employee Job Title or Classification: | | Region: | | | Division: |
| Date Hired: | | Work Station Location or Park name: | | | | Work Telephone Number: | |
| Work Shift (e.g. M-F 8-4:30)  Days Hours | | Does employee receive income from an employer other than the State of MN?  Yes  No | | | | | Weekly value of 2nd income, if known: |
| Supervisor Name: | | | Supervisor Phone Number: | | | Supervisor Email: | |
| Has employee had previous work-related injuries?  Yes  No Dates: | | | | Has employee had previous vehicle/equipment related incidents?  Yes  No Dates: | | | |
| Section II. Employee Injury/ Medical Information (Only complete this section if an injury or illness occurred) | | | | | | | |
| Specific part(s) of body affected (e.g. right ankle, back, etc.) | | | | Nature of Injury/Illness (e.g. cut, bruise, sprain, etc.) | | | |
| Time Employee Began Work:  am  pm | | Date Employer Notified of Incident  (mm/dd/yyyy): | | Did the injury cause Lost Time or Restricted Duty beyond the incident date?  Yes  No If yes, from what date: | | | |
| Did employee seek medical care from a provider?  Yes  No | | Did the incident result in fatality?  Yes  No Date of fatality: | | Has the employee returned to work?  Yes  No  If yes, date of return: | | | |
| Did the incident occur on the employer’s premises?  Yes No | | Detailed location or site where incident occurred: | | | | | |
| Describe in detail how the injury occurred: | | | | | | | |
| What was the injury or illness? (include the parts of the body): | | | | | | | |
| What substances, objects, equipment, tools or machines were involved? | | | | | | | |
| First Date Of Lost Time:  N/A | | Date Employer Notified of Lost Time:  N/A | | Emergency Room Visit:  Yes  No | | | Overnight In-Patient Stay:  Yes  No |
| Treating Physician | | Hospital or Clinic (name) | | | | | Clinic or Physician Phone: |
| Address: | | City: | | State: | | | Zip Code: |
| If medical attention was sought, did the employee contact the CorVel Nurseline at 844-235-2055  Yes  No  **If yes,** enter the reference number provided by the CorVel here: | | | | | | | |
| Initial  Treatment | Emergency evaluation. Diag testing and medical procedures  Hospitalization > 24 hours  Minor on-site remedies by employer medical staff | | | | Future Major Med/Lost Time Anticipated  Minor clinic/hospital med remedies and diagnostic testing  No medical treatment | | |
| **Supervisor should immediately contact CorVel Managed Care at 1-866-436-2542 if an injured employee is admitted to an overnight stay at a hospital or employee requires immediate surgery on the date of injury.** | | | | | | | |

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| Section III. Vehicle/Equipment Damage or Accident Information (Only complete this section if a vehicle or equipment was involved) | | | | | |
| Check here if the incident involved outside parties and/or over $1,000 in damage. | | | | | |
| Asset Number: | | Make/Model: | | Description (car, truck, tractor, etc.): | |
| Year: | | Mileage: | | Date Notified of Incident (mm/dd/yyyy): | |
| Was a citation issued?  Yes  No  If Yes, for what? | | Does employee have a valid driver’s license?  Yes  No  License Class  A  B  C  D Driver’s License Number: | | | |
| Operator Training Information:   * Date of last Defensive Driver’s Training: * Date of Towing & Trailer Safety Training (if the incident involved a trailer): * Date of qualification (if the incident involves off-road equipment): | | | | | |
| Damage to vehicle or equipment – please describe in detail: | | | | | |
| Initial damage estimate to DNR vehicle or equipment: $ | | |  | | |
| Year and make of other vehicles or equipment Involved: | | | Initial damage estimate to other damaged vehicles or equipment:  $ | | |
| Section IV. Supervisor’s Analysis of Accident (Mandatory) | | | | | |
| Detail what the employee was doing prior to the incident and how the incident occurred. | | | | | |
| From your investigation, what was the cause(s) and contributing factors of the incident? | | | | | |
| What steps have or will be taken to prevent this type of incident in the future? | | | | | |
| Were there witnesses to the incident/injury?  Yes  No | Witness Name(s): | | | | Witness Phone Number(s): |
| Employee signature: | | Employee’s Supervisor signature: | | 68. Regional Manager signature: | |

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| Supervisor’s Instructions for Submitting |
| 1. Scan and email to: [mrincident.dnr@state.mn.us](mailto:mrincident.dnr@state.mn.us) within 24 hours, even if it is preliminary. Signed final reports can be submitted later. 2. Forward a copy to your manager and/or others as required by your division. 3. Retain a copy for your records. |
| For assistance or questions about completing this form |
| **Employee or volunteer injuries**- visit the [Work Injury Resources](http://intranet.dnr.state.mn.us/safety/workerscomp/index.html) webpage or contact the [Workers’ Compensation Coordinator](mailto:sarah.schumacher@state.mn.us)  **Vehicle or equipment damage or accidents**- visit the [Incident Reporting Procedure](http://intranet.dnr.state.mn.us/mr/fleet/accidents.html) webpage or contact your [Regional Fleet Staff](http://intranet.dnr.state.mn.us/mr/fleet/contacts.html)  **Near misses**- contact your [Regional Safety Administrator](http://intranet.dnr.state.mn.us/safety/workerscomp/contacts.html). |

Insert notes or pictures below (optional)

