# SUPPLEMENTAL TO AUTOMOBILE ACCIDENT REPORT FORM 88
# SUPERVISOR'S INVESTIGATION REPORT

## BCA INHOUSE FORM

In-house Form – Original to Timekeeper  Copy to BCA Safety Officer

EMPLOYEE NAME: _____ INJURY DATE: _____ INJURY TIME: _____

1. IS THE EMPLOYEE ON MILEAGE? YES NO

2. WHAT WAS THE EMPLOYEE.S WORK SHIFT ON THE DATE OF THE ACCIDENT?
   START TIME: AM PM END TIME: AM PM

3. WAS THE EMPLOYEE'S WORK SHIFT ON THE DATE OF THE ACCIDENT DIFFERENT FROM NORMAL WORK SHIFT? YES NO
   IF YES, PLEASE EXPLAIN (*i.e. employee submitted blue slip for two hours of vacation, etc*):

4. WAS THE EMPLOYEE ON OFFICIAL CITY BUSINESS AT THE TIME OF THE ACCIDENT? YES NO
   PLEASE EXPLAIN:

5. WHERE WAS THE EMPLOYEE TRAVELING TO AT THE TIME OF THE ACCIDENT?

6. WHERE WAS THE EMPLOYEE COMING FROM AT THE TIME OF THE ACCIDENT?

7. DID THE ACCIDENT OCCUR ON THE EMPLOYEE.S COMMUTE FROM HOME TO WORK OR FROM WORK TO HOME? YES NO
   If yes, go to question 8. If no, skip to question 9.

8. AT THE TIME OF THE ACCIDENT, WAS THE EMPLOYEE TRAVELING ON A DIRECT ROUTE FROM HOME TO THE WORK SITE OR RETURNING HOME FROM A WORK SITE? YES NO
   *If no, please explain (i.e. employee stopped to do personal banking, etc.):*

9. DID EMPLOYEE DEVIATE FROM THE MOST DIRECT ROUTE BETWEEN JOB SITES? YES NO
   IF YES, PLEASE EXPLAIN (*i.e. traffic jam, construction detour, etc., prevented access to normal route*):

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## *Supervisor – Division Chief Signature Required*

Supervisor: _____ _____ Date: _____
*Print Name* *Signature*

Division Chief: _____ _____ Date: _____
*Print Name* *Signature*