



City of Little Rock

SUPERVISOR'S INVESTIGATION REPORT – MOTOR VEHICLE ACCIDENT

COMPLETE AND FORWARD TO THE DEPARTMENT OF FLEET SERVICES WITH A POLICE REPORT WITHIN THREE (3) DAYS

DEPARTMENT NAME _____

DIVISION NAME _____

OPERATOR _____

DATE & TIME OF ACCIDENT _____

LOCATION OF ACCIDENT _____

CLR VEHICLE NUMBER _____

OPERATOR'S JOB RESPONSIBILITY

UNSAFE CONDITION (Describe unsafe conditions such as faulty brakes, lights, road, weather, etc. contribution to accident)

UNSAFE ACT (Describe the unsafe action of driver, such as turning from wrong lane, speeding, failure to signal, etc.)

PREVENTABILITY (What action could have been taken to avoid this accident)

REMEDY (As a supervisor, what action have you taken or do you propose taking to prevent a repeat accident)

Supervisor: _____

Reviewed by: _____

Date: _____

Police Crash Report #: _____

ATTACH POLICE REPORT