



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 & CODE

DATE & TIME OF ACCIDENT

OPERATOR

DIVISION NAME & #

LOCATION OF ACCIDENT

CLR VEHICLE NUMBER

OPERATOR'S JOB RESPONSIBILITY

PRIMARY DUTY – VEHICLE OPERATION 4 OR MORE HOURS DAILY

SECONDARY DUTY – VEHICLE OPERATION LESS THAN 4 HOURS DAILY

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: _____

ATTACH POLICE REPORT