

NOTIFICATION OF ACCIDENT - FIRST REPORT

1. Name of Caller		2. Telephone Number of Caller	
3. Office Reporting		4. Office Symbol	
5. Date and Time of Accident			
6. <input type="checkbox"/> Injury	<input type="checkbox"/> Property:	<input type="checkbox"/> DA Civilian	<input type="checkbox"/> Contractor
<input type="checkbox"/> Fatality		<input type="checkbox"/> Public	<input type="checkbox"/> Motor Vehicle
7. Name of Individual		7a. Age	7b. <input type="checkbox"/> Male <input type="checkbox"/> Female
8. Accident Location			
9. Estimated Dollar Loss of Property Damage			
10. Alcohol Involved?		11. Was Alcohol a Contributing Factor?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Were Seat Belts Used?		13. Personal Floatation Devices Used?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
14. Brief Narrative of Accident			
15. Name of Prime Contractor			
16. Name of Subcontractor			
17. Contract #			
18. Forms Forthcoming:			
<input type="checkbox"/> ENG form 3394		<input type="checkbox"/> Police Reports	<input type="checkbox"/> Emergency Room Notes
<input type="checkbox"/> SF 91		<input type="checkbox"/> CA-1	<input type="checkbox"/> Photos

Upon notification of a *Fatality, Lost Time Injury, or Property Damage (\$2,000 or more), provide a copy of this form to the Omaha District Safety and Occupational Health Office (SOHO) not later than close of business the next duty day.

*Fatalities must be reported immediately by calling the SOHO at (402) 221-4051, plus fax a copy of this form to (402) 221-7770.