

MnDOT Employee/Public Incident Statement

Employee Name:	Date:
Reported By: Reported To (Dispatch, Law Enforcement):	District: Assigned Work Area: Immediate Supervisor:
Date of Incident: Time:	Date Reported: Time:
Employee Injury/Illness Involved? Yes/No	Witnesses:

Description of the Incident

1. Where did the incident occur?
2. Type of Incident? (Verbal, Physical Assault, Threatening action, etc.)
3. Alleged Person/Persons? (Identifying information of person and/or vehicles)
4. What were you doing when the incident occurred?
5. Give a detailed description of how the incident occurred?
6. Describe public/state property damage/personal injuries resulting from the incident.

Employee Signature: _____ Date: _____

Supervisor Comments/Recommendations

- Unsafe conditions noted:
- Unsafe acts noted (by anyone):
- Underlying cause(s):
- Coaching opportunity with DeLorah Curry recommended? No Yes
- Is further investigation needed? No Yes

Supervisor Signature: _____ Date: _____