

**CITY OF ELK RIVER
SAFETY COMMITTEE
ACCIDENT REVIEW SUMMARY FORM**

NAME (this will not be given to Safety Committee):	DEPARTMENT: Police
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ACCIDENT INFORMATION

DATE (OF ACCIDENT): 05/28/15	TIME: 11:10 AM
LOCATION: Gravel pit E of Hwy 169, 22000 Block ER	TYPE OF VEHICLE (IF INVOLVED):
INJURY? (YES OR NO) Yes	WORK COMP CLAIM FILED? (YES OR NO) Yes
PROPERTY DAMAGE? (YES OR NO. IF YES, DESCRIBE) No	
NATURE OF ACCIDENT (be specific, include work activity at time of accident): As the employee was running after a fleeing suspect, the employee ran into a barbwire fence that was buried in the grass causing puncture wounds and scrapes to parts of the left hand and legs. The employee fell to the ground.	
ENVIRONMENTAL FACTORS: None	
UNSAFE CONDITIONS: None	
ACTION TAKEN: The employee was checked over by the Elk River Ambulance.	

SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee): No suggestions. (June 17, 2015 Safety Committee Meeting)
