

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

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

ACCIDENT INFORMATION

DATE (OF ACCIDENT): 12-17-15	TIME: 7:30 p.m.
LOCATION: Resident's driveway	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): Employee was assisting on a medical/fall with injuries. While carrying medical bag up driveway, employee fell on ice covered driveway.	
ENVIRONMENTAL FACTORS: Ice on driveway.	
UNSAFE CONDITIONS: Ice on driveway.	
ACTION TAKEN: Na	

SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee): Lauren Wipper suggested that the employee should try to walk more carefully next time. The employee was responding to a call involving falling so they should be aware that the area is icy. (January 20, 2016 meeting)
--