

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

<b>NAME</b> (this will <b>not</b> be given to Safety Committee):	<b>DEPARTMENT:</b> Finance/Building Maintenance
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**ACCIDENT INFORMATION**

<b>DATE (OF ACCIDENT):</b> 5/10/2016	<b>TIME:</b> 6:10 am
<b>LOCATION:</b> Gas station	<b>TYPE OF VEHICLE (IF INVOLVED):</b> Work truck
<b>INJURY? (YES OR NO)</b> Yes	<b>WORK COMP CLAIM FILED? (YES OR NO)</b> Yes
<b>PROPERTY DAMAGE? (YES OR NO. IF YES, DESCRIBE)</b> No	
<b>NATURE OF ACCIDENT (be specific, include work activity at time of accident):</b> Employee was exiting work truck and slipped and shut the truck door on right index finger, cutting finger.	
<b>ENVIRONMENTAL FACTORS:</b> None	
<b>UNSAFE CONDITIONS:</b> None	
<b>ACTION TAKEN:</b> Employee sought treatment at Urgent Care/Convenience Clinic	

<b>SAFETY COMMITTEE RECOMMENDATION</b> (to be filled out by Committee): The Safety Committee did not have any specific recommendations. A few committee members simply said "be careful" and agreed that these types of incidents, unfortunately, happen. <i>(May 18, 2016 meeting)</i>
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