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# LDH Accident/Incident Investigation and Transportation Claims Training



State Of  
*Louisiana*  
OFFICE OF  
RISK MANAGEMENT





# Course Objectives

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- Determine when to conduct an investigation.
- Understand the steps in investigating an incident/accident.
- Identify the actual root cause and contributing factors.
- Properly complete the investigation report.
- Who to submit your completed investigation to for claims processing.

# What Should You Investigate?

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- All *job-related* **accidents** (injury and/or property damage)
- All *job-related* **incidents** (could have caused injury and/or property damage) involving:
  - ✓ Employees
  - ✓ Clients/visitors
  - ✓ Property

# Purpose of Investigation

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- Document facts/findings at the scene
- Determine the cause
- Implement corrective action to prevent future occurrence



# Written Plan

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The **LDH General Safety and Loss Prevention Program** is the official written plan which documents procedures for responding to, reporting, and investigating accidents/incidents, including property damage.

# Training

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- Ensure all employees receive training on the plan including the reporting and investigation procedures.
- Acclimate all employees to IMMEDIATELY report ALL accidents and incidents, including property damage, to their immediate supervisor.
- Assure that employees responsible for investigations obtain the necessary specialized training.



# Topics to cover in this training...

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1. Preservation of Life (obtaining medical care)
2. Preservation of Evidence (i.e. broken chair)
3. Who to report accidents & incidents to
4. Securing the accident scene
5. Proper gathering of information
6. Identifying corrective measures and tools
7. Implementation of controls
8. Timely claim reporting



# Topics to cover in this training

continued . . .

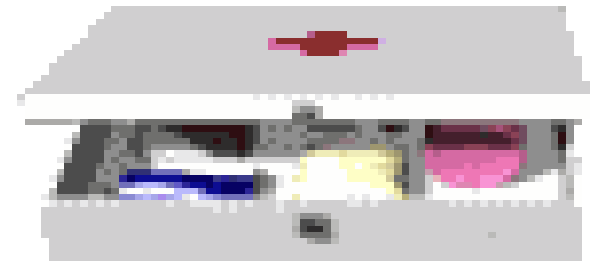
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9. Who conducts the investigation
10. Which form to complete for which type of incident/accident
11. Who will review the form for completeness and accuracy
12. To whom are the forms sent upon completion

# Preservation of life

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- Remove/neutralize hazards if possible (Ex: Gas Leak)
- Remove the injured from the hazard
- Provide medical treatment





# Preservation of Evidence

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- *What needs to be kept?*
- *Where do you keep it?*
- *How long do you keep it?*
- *Document evidence kept*

# Reporting the Accident

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- Follow LDH's accident reporting/investigation procedures.
  - ✓ Whom to report
  - ✓ How soon to report
  - ✓ Method of reporting
  - ✓ Who conducts investigation

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# Steps of an Investigation



# Secure Accident Scene

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POLICE LINE DO NOT CROSS POLICE LINE DO NOT CROSS POLICE LINE DO NOT CROSS

- Control access to the scene--
  - ✓ Use barriers to limit entry
  - ✓ Use people to stand guard, if possible
  - ✓ Do NOT adjust or modify the scene
    - \*Exception: Removal of victim and/or preservation of property**

POLICE LINE DO NOT CROSS POLICE LINE DO NOT CROSS POLICE LINE DO NOT CROSS

# Gathering Information

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## Questions to Ask

**WHO?**

**WHEN?**

**WHAT?**

**WHY?**



**WHERE?**

**HOW?**

# Gathering Information

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- View accident scene promptly  
(Conditions can change)
- Provide a clear description of the incident/accident
- Provide a clear description of the location
- Take photographs
  - ✓ Keep log sheet of photos taken
  - ✓ Indicate direction of view

# Gathering Information continued . . .

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- Collect any items associated with incident/accident
  - ✓ Label and secure items
- Take measurements of pertinent items
  - ✓ Changes in elevation
  - ✓ Relevant distances
  - ✓ Size of equipment

# Gathering Information continued . . .

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- Identify witnesses
  - ✓ Name, contact numbers, and home address
- Get written statement (signed and dated)
  - ✓ What they **actually** saw or heard
- Conduct Interviews
  - ✓ Document any verbal information
  - ✓ Clarify reported information

# Identify Corrective Measures & Tools: Root Cause Analysis

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- Unsafe Act
- Unsafe Condition
- Contributing Factors



is normally  
NOT applicable



# Definitions

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## **Unsafe Act**

A behavioral departure from an accepted, normal, or correct procedure or practice-- which has produced injury or property damage or has the potential for doing so; an unnecessary exposure to a hazard; conduct that reduces the degree of safety normally present in an activity.

# Definitions

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## **Unsafe Condition**

Any physical state which deviates from that which is acceptable, normal, or correct as regards past or potential future production of injury/illness and property damage; any physical state which reduces the degree of safety.



# Contributing Factors

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- Uncontrollable Events
  - ✓ Nature
  - ✓ Animals/wildlife
  - ✓ Other people



# Corrective Measures & Tools

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- Review/Revise/Devise policies, procedures, or rules
- Enforce LDH policies, procedures, or rules
- Provide training to co-workers
- Provide refresher training as needed
- Promote participation
- Ensure safe work conditions
- Ensure proper job placement of employees (re: physical limitations)

# Corrective Measures continued . . .

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- **Workplace provisions:**
  - ✓ PURCHASE NEW TOOLS & EQUIPMENT AND REMOVE OLD BROKEN EQUIPMENT OR TOOLS
  - ✓ IMPROVE HOUSEKEEPING WITHIN YOUR WORK AREA
  - ✓ IMPROVE LIGHTING
  - ✓ IMPROVE VENTILATION
  - ✓ LIMIT ACCESS

# IMPLEMENT CONTROLS

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- **Make provisions for each selected means of control**
- **Follow-up and re-evaluate to determine effectiveness**
  - ✓ Have any similar incidents/accidents recurred?
  - ✓ Has the severity of the incidents/accidents declined?



# **DA 2000**

OFFICE OF RISK MANAGEMENT  
UNIT OF RISK ANALYSIS AND LOSS PREVENTION  
STATE EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM  
Worker's Compensation Claims—For Agency Use Only

(PLEASE TYPE OR PRINT)

1. AGENCY \_\_\_\_\_
2. ACCIDENT DATE \_\_\_\_\_ 3. REPORTING DATE \_\_\_\_\_
4. EMPLOYEE NAME (LAST, FIRST) \_\_\_\_\_
5. JOB TITLE \_\_\_\_\_
6. IMMEDIATE SUPERVISOR \_\_\_\_\_
7. DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED (USE ADDITIONAL SHEET IF NECESSARY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. PARISH WHERE OCCURRED \_\_\_\_\_ 9. PARISH OF DOMICILE \_\_\_\_\_
10. WAS MEDICAL TREATMENT REQUIRED \_\_\_\_\_ Y \_\_\_\_\_ N
11. EXACT LOCATION WHERE EVENT OCCURRED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. NAME (S) OF WITNESSES \_\_\_\_\_
13. NAME OF PERSON COMPLETING THIS SECTION OF REPORT \_\_\_\_\_
14. SIGNATURE \_\_\_\_\_ 15. DATE \_\_\_\_\_

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION  
WHERE INCIDENT/ACCIDENT OCCURRED**

**MANAGEMENT SECTION**

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT \_\_\_\_\_
17. POSITION/TITLE \_\_\_\_\_
18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION \_\_\_\_ Y \_\_\_\_ N
19. WAS EQUIPMENT INVOLVED \_\_\_\_ Y \_\_\_\_ N (If no, skip to question 20)
- A. TYPE OF EQUIPMENT \_\_\_\_\_
- B. IS THERE A JSA FOR EQUIPMENT \_\_\_\_ Y \_\_\_\_ N      C. DATE LAST ISO PERFORMED \_\_\_\_\_
20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED \_\_\_\_ Y \_\_\_\_ N
21. DID INCIDENT INVOLVE SAME INDIVIDUAL \_\_\_\_ Y \_\_\_\_ N
22. SAME LOCATION \_\_\_\_ Y \_\_\_\_ N
23. WAS THE SCENE VISITED DURING THE INVESTIGATION \_\_\_\_ Y \_\_\_\_ N
- A. DATE & TIME \_\_\_\_\_      B. ARE PICTURES AVAILABLE \_\_\_\_ Y \_\_\_\_ N
- C. IF NO, REASON FOR NOT VISITING \_\_\_\_\_

**ROOT CAUSE ANALYSIS**

<p><b>UNSAFE ACT (PRIMARY):</b> <input type="checkbox"/> Failure to comply with policies/procedures <input type="checkbox"/> Failure to use appropriate equipment/technique <input type="checkbox"/> Inattention</p> <p><input type="checkbox"/> Inadequate/lack of JSA/standards <input type="checkbox"/> Incomplete or no policies/procedures <input type="checkbox"/> Inadequate training on policies/procedures <input type="checkbox"/> Inadequate adherence of policies/procedures</p> <p>Other (specify) _____</p> <p>Detailed explanation of checked box: _____</p> <p>_____</p>
<p><b>WHY WAS ACT COMMITTED:</b></p> <p>_____</p>
<p><b>UNSAFE CONDITION (PRIMARY):</b> <input type="checkbox"/> Inappropriate equipment/tool <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate training <input type="checkbox"/> Wet surface</p> <p><input type="checkbox"/> Worn/broken/defective building component/equipment <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Electrical hazard <input type="checkbox"/> Fire Hazard</p> <p>Other (specify) _____</p> <p>Detailed explanation of checked box: _____</p> <p>_____</p>
<p><b>WHY DID CONDITION EXIST:</b></p> <p>_____</p>
<p><b>CONTRIBUTORY FACTORS (IF ANY):</b></p> <p>_____</p>
<p><b>IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:</b></p> <p>_____</p>
<p><b>LONG RANGE ACTION TO BE TAKEN:</b></p> <p>_____</p>
<p><b>WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:</b></p> <p>_____</p>

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION  
WHERE INCIDENT/ACCIDENT OCCURRED**



**DA 3000**

OFFICE OF RISK MANAGEMENT  
UNIT OF RISK ANALYSIS AND LOSS PREVENTION  
VISITOR/CLIENT ACCIDENT REPORTING FORM  
General Liability Claims – For Agency Use Only

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION  
WHERE INCIDENT/ACCIDENT OCCURRED**

(PLEASE TYPE OR PRINT)

1. AGENCY NAME and LOCATION CODE \_\_\_\_\_
2. DATE and TIME of ACCIDENT \_\_\_\_\_
3. VISITOR/CLIENT NAME \_\_\_\_\_
4. VISITOR/CLIENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_
5. CLAIMANT'S TELEPHONE # \_\_\_\_\_
6. CLAIMANT DETAIL DESCRIPTION OF HOW ACCIDENT OCCURRED  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. DID THE EMPLOYEE ASK THE CLAIMANT IF HE/SHE WAS INJURED? \_\_\_Y \_\_\_N
8. DID THE CLAIMANT VERBALLY EXPRESS AN INJURY TO ANY PART OF HIS/HER BODY? \_\_\_Y \_\_\_N
9. IF THE CLAIMANT EXPRESSED AN INJURY, WHAT PART OF HIS/HER BODY DID THEY STATE WAS INJURED? PLEASE BE SPECIFIC (I.E. RIGHT FOREARM, LEFT WRIST, LOWER RIGHT ABDOMEN) \_\_\_\_\_  
\_\_\_\_\_
10. IF THE CLAIMANT EXPRESSED INJURY, WAS MEDICAL CARE OFFERED? \_\_\_Y \_\_\_N
11. DID THE CLAIMANT ACCEPT OR DECLINE MEDICAL CARE? \_\_\_ACCEPT \_\_\_DECLINE
12. WERE THERE WITNESS (ES) \_\_\_Y \_\_\_N
13. WITNESS'S NAME, ADDRESS, and TELEPHONE # (use additional sheet if needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. WITNESS STATEMENTS ATTACHED \_\_\_Y \_\_\_N

**Visitor/Client Post Incident/Accident Analysis (DA 3000)**  
[This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.iaorm.com]

15. DETAIL DESCRIPTION OF ACCIDENT LOCATION \_\_\_\_\_  
\_\_\_\_\_

IS THIS LOCATION IN A  STATE-OWNED OR  LEASED BUILDING

16. DID THE PERSON CONDUCTING THE INVESTIGATION OBSERVE ANYTHING THAT WAS DIFFERENT THAN THE VISITOR'S/CLIENT'S/WITNESS'S ACCOUNT \_\_\_Y\_\_\_N IF YES, WHAT  
\_\_\_\_\_  
\_\_\_\_\_

17. CHECK THE APPROPRIATE ENVIRONMENTAL CONDITION THAT IS APPLICABLE TO THE ACCIDENT:  RAINING  SUNNY  
 CLOUDY  FOGGY  HOT  LIGHT WIND   
 OTHER WEATHER CONDITION \_\_\_\_\_  WEATHER NOT A FACTOR

18. CHECK THE APPROPRIATE BOX (S) THAT PERTAINS TO THE ACCIDENT:  LIQUID ON FLOOR—TYPE OF LIQUID \_\_\_\_\_  
 STAIRS  PARKING LOT  GARAGE  SIDEWALK  ELEVATORS  GRATING  
 SPONSORED ACTIVITY  DORMITORY  WAITING ROOM  WALKWAYS  RAILINGS  FURNITURE  
 FLOORING—DESCRIBE THE TYPE OF FLOOR AND TYPE OF WAX \_\_\_\_\_  
 EQUIPMENT (SPECIFY TYPE) \_\_\_\_\_  
 OTHER CONDITION \_\_\_\_\_

19. IF THE ACCIDENT INVOLVED ITEMS THAT CAN BE RETAINED (i.e. furniture, muffler, exam table), THE CLAIMS UNIT REQUIRES THAT THE ITEM BE TAGGED WITH THE DATE OF ACCIDENT AND NAME OF CLAIMANT. IF THE ITEM IS BROKEN OR DAMAGED, IT MUST BE PLACED IN A SECURED AREA AFTER BEING TAGGED. THE TAG CANNOT BE REMOVED OR THE BROKE/DAMAGE ITEM CANNOT BE SURPLUS/DISCARDED UNTIL NOTIFIED BY THE CLAIMS UNIT. IF APPLICABLE, WAS THIS DONE Y\_\_\_N\_\_\_

20. WAS THE CLAIMANT AUTHORIZED TO BE IN THIS AREA \_\_\_Y\_\_\_N

21. DID ANY EMPLOYEE OBSERVE ANYTHING BEFORE/AFTER THAT IS REVELANT TO THE ACCIDENT \_\_\_Y\_\_\_N IF YES, WAS A STATEMENT OBTAINED AND ATTACHED \_\_\_Y\_\_\_N

22. DID THE SUPERVISOR OR AGENCY SAFETY OFFICER RECEIVE A REPORT OF ANY OBSERVED CONDITIONS? \_\_\_Y\_\_\_N

23. WERE PICTURES TAKEN AND ARE THEY ATTACHED TO REPORT? Y\_\_\_ N\_\_\_

24. NAME AND POSITION OF EMPLOYEE FILLING OUT THIS REPORT  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE DATE

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION  
WHERE INCIDENT/ACCIDENT OCCURRED**

# Submitting Claims

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Email **COMPLETED**

DA2000 and DA3000 Form

To LDH-HR Workers Compensation Liaison  
and LDH Safety/Security Manager

(Jonnique Caldwell, Danielle Carter, and  
Timothy A White)

# Transportation Claims

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- The DA 2041 form is due no later than 48 hours after the auto accident.
- Driver must email the completed DA2041 form, police report, and any photos directly to Sedgwick at:  
[6410stateofLouisiana@sedgwickcms.com](mailto:6410stateofLouisiana@sedgwickcms.com)  
be sure to carbon copy your agency safety coordinator/officer, fleet manager, and LDH Safety Manager when submitting)
- There is no need to do a DA2000 once you complete a DA2041 Form.

# ACCIDENT REPORT LOUISIANA STATE DRIVER SAFETY PROGRAM

Submit report to ORM  
within 48 hours of accident

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	1. Agency Name	2. Person to Contact	3. Phone [ ] - [ ] - [ ]	4. Loc. Code
5. State Vehicle Driver's Name		6. Driver's Social Security No.	7. Date of Accident / /	8. Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM
9. Exact Location of Accident (Use street markers, mileage markers, etc., to pinpoint location)				

10. DESCRIBE HOW ACC. HAPPENED	
11. Seat Belt in Use <input type="checkbox"/> Yes <input type="checkbox"/> No	

### STATE VEHICLE INFORMATION

If other than vehicle damage, fill in as much as possible under "Other Vehicle" section substituting property owner information for vehicle driver.

12. State Vehicle Driver's Address (Street No.)		City	State	Zip Code	13. Home Phone [ ] - [ ] - [ ]	14. Work Phone [ ] - [ ] - [ ]
15. Driver's License No.	16. Age	17. Sex <input type="checkbox"/> M <input type="checkbox"/> F	18. Vehicle's Owner's Name and Address			
19. Year Vehicle	20. Make Vehicle	21. Model Vehicle	22. Body Type	23. Vehicle Lic. No. / Equip No. / VIN		
24A. Where can the Vehicle be Seen ?			24B. Describe Damage			

### OTHER VEHICLE INFORMATION

If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).

25. Other Vehicle Driver's Name		26. Driver's Social Security No.		27. Driver's License No.	28. Age	29. Sex <input type="checkbox"/> M <input type="checkbox"/> F
30. Other Vehicle Driver's Address (Street No.)		City	State	Zip Code	31. Home Phone [ ] - [ ] - [ ]	32. Work Phone [ ] - [ ] - [ ]
33. Vehicle Owner's Name and Address (Street No.)		City	State	Zip Code		
34. Year Vehicle	35. Make Vehicle	36. Model Vehicle	37. Body Type	38. Vehicle I.D. No. or Lic. No.	39. Where can the vehicle be seen ?	
40. Other Vehicle Insurance Co.					41. Policy No.	
42. Describe Damage					43. Estimated Amount \$	

### INJURED

44. Name and Address	45. Phone [ ] - [ ] - [ ]	46. PED <input type="checkbox"/>	47. Ins. Veh. <input type="checkbox"/>	48. Other Veh. <input type="checkbox"/>	49. Police Investigated ? <input type="checkbox"/> Yes <input type="checkbox"/> No
44. Name and Address	45. Phone [ ] - [ ] - [ ]	46. PED <input type="checkbox"/>	47. Ins. Veh. <input type="checkbox"/>	48. Other Veh. <input type="checkbox"/>	49. Type Report <input type="checkbox"/> State <input type="checkbox"/> Sheriff <input type="checkbox"/> City
44. Name and Address	45. Phone [ ] - [ ] - [ ]	46. PED <input type="checkbox"/>	47. Ins. Veh. <input type="checkbox"/>	48. Other Veh. <input type="checkbox"/>	49. Report No. (Item No.)

### WITNESSES OR PASSENGERS

50. Name and Address	51. <input type="checkbox"/> Witness <input type="checkbox"/> Passenger	52. Phone [ ] - [ ] - [ ]	53. PED <input type="checkbox"/>	53. Ins. Veh. <input type="checkbox"/>	53. Other Veh. <input type="checkbox"/>	53. (Specify)
50. Name and Address	51. <input type="checkbox"/> Witness <input type="checkbox"/> Passenger	52. Phone [ ] - [ ] - [ ]	53. PED <input type="checkbox"/>	53. Ins. Veh. <input type="checkbox"/>	53. Other Veh. <input type="checkbox"/>	53. (Specify)
54. State Driver's Signature		55. Name of Driver's immediate Supervisor and Phone No. [ ] - [ ] - [ ]				

# On Scene Auto Investigation

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The following are the steps in conducting a general on-scene investigation:

- Identify yourself to the police officer.
- Ask for permission to conduct your investigation.
- Stay out of the police officers way.

# On Scene Investigation continued . . .

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## **Make a record of :**

1. Officer's name
2. Officer's Badge number
3. Phone number (accident record dept.)
4. Official report number (if available now)

# On Scene Investigation continued . . .

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Secure color photos before the vehicles are moved. (Quality and composition are very important. Clear focus, lighting, and weather can all affect the quality of the photos)

# On Scene Investigation continued . . .

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Document pertinent information:

- Position of vehicles
- Points of impact
- Debris from the accident (ex. glass, fluids, etc.)
- Speed signs
- Obstructions to driver's or witnesses' view
- Skid marks
- Gouge or breakdown marks
- Gaps in skids

# Scene Diagram

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Complete a scene diagram. You, the investigator, prepare the diagram. It is based on all the objective, factual evidence acquired during the scene investigation. This diagram represents your opinion of how the accident happened.

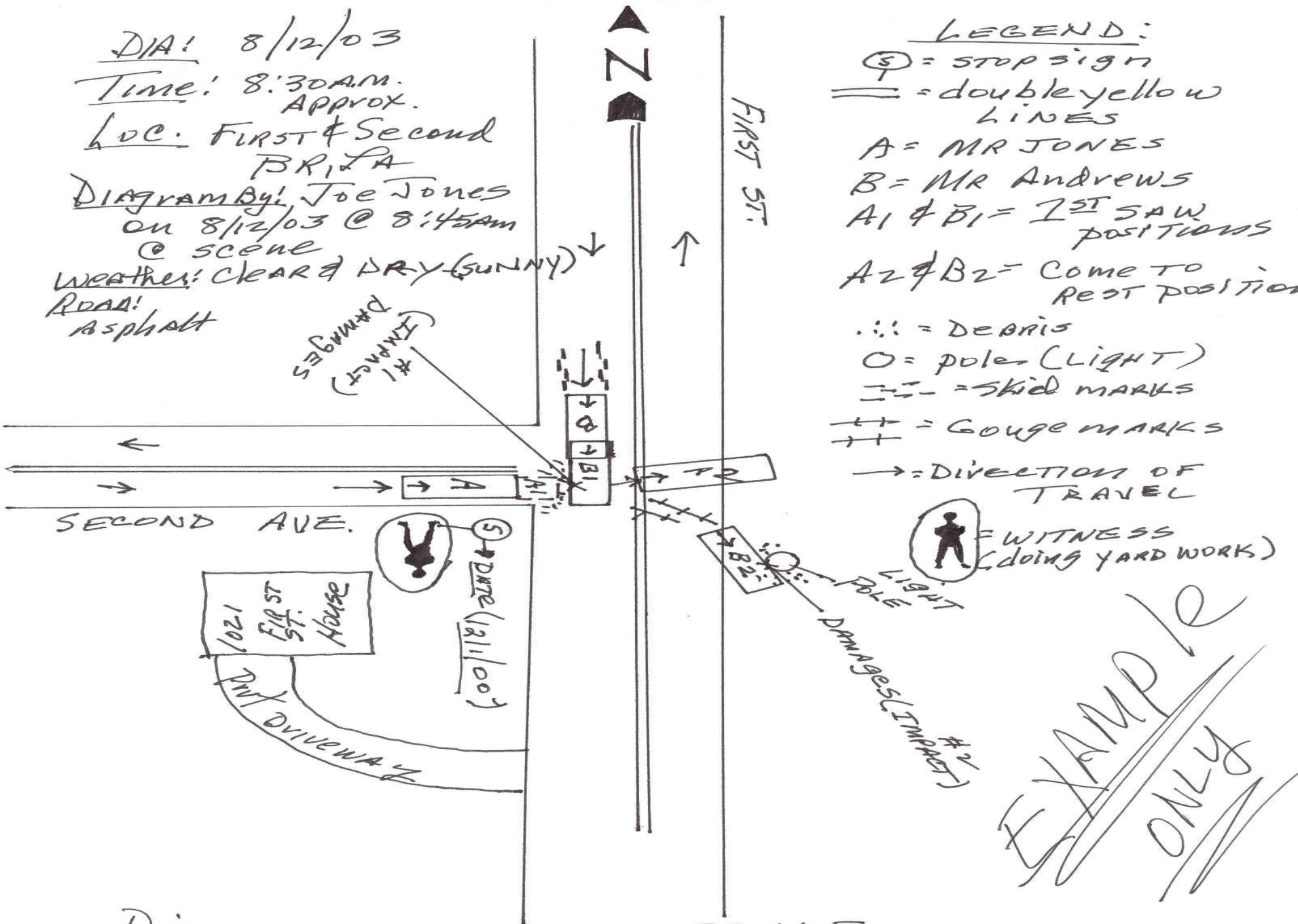
DIA: 8/12/03  
Time: 8:30 AM. APPROX.

Loc.: First & Second  
 BR, LA

Diagram by: Joe Jones  
 on 8/12/03 @ 8:45 AM  
 @ scene

Weather: Clear DRY (SUNNY)  
Road: Asphalt

- LEGEND:
- ⊙ = STOP SIGN
  - == = double yellow LINES
  - A = MR JONES
  - B = MR Andrews
  - A1 & B1 = 1<sup>ST</sup> SAW POSITIONS
  - A2 & B2 = Come to REST POSITION
  - ... = Debris
  - O = pole (LIGHT)
  - = SKID MARKS
  - ++ = Gouge MARKS
  - = DIRECTION OF TRAVEL



WITNESS (doing YARD WORK)

~~EXAMPLE ONLY~~

Diagram — NOT TO SCALE



# Can you answer these questions?

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1. What is the difference between an unsafe act and an unsafe condition?
2. Who can do accident investigations at your location?
3. What is an incident?



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**Any Questions?**

Thank you for your attention.