

## INSTRUCTIONS FOR USE OF INCIDENT REPORT

Incident reporting is necessary to supply the Manufacturer with important product information. A complete, factual report should be made on every incident involving MCFA products when personal injury, death, product damage, or property damage has occurred. Also report unusual or "near miss" events even though no injury or damage occurred. All relevant FACTS about the incident, the equipment and the site are needed. If versions of how the incident occurred differ, record all versions. Do not try and reconcile differences, each person has a perspective. **Conclusions, subjective judgments, and opinions regarding cause or responsibility should not be given.** Whenever possible, take photos of the incident scene before the equipment is moved or at least draw a diagram of the area showing the position of the equipment. Document the physical conditions, including those conditions that can easily change, such as water on the floors, lighting, etc. Check the equipment carefully for parts failure or servicing problems, alterations or removals made since the original sale and evidence of neglect or improper maintenance. Photograph what you find. Also comment about any prior lift truck incidents occurring at the job site. Please complete the report and fax or mail it, together with any attachments, to the fax number or address shown on the front of this form immediately after it is completed. Photographs, local news media accounts, or any investigative reports (e.g. police or coroner) can be very helpful in our analysis of the incident. Please do not hold the report waiting for additional information; such information should be sent immediately upon its receipt.

### PERSON INJURED OR PERSON INCURRING DAMAGE:

- Provide the Name, Address, Age, Job Title, Employer and Experience of the person who was injured or the person incurring damages as a result of the incident. The name is important because the subsequent inquiries most frequently refer to this name rather than the equipment, job site, etc. If the operator is not the person injured, list the operator as a witness

### INCIDENT DATA:

- Give the Date, Time, Location (job site), Address, City, State and Zip Code where the incident occurred.
- List the type of Operating Surface (concrete, dirt, etc.) and Surface Condition (rough, firm, smooth, slippery, soft etc.). Ambient Conditions such as temperature, precipitation, visibility, or sky conditions, day or night lighting level; if event occurred Indoors or Outside; the Slope on which the equipment or lift truck was located and the Lift Bracket Position and Tilt Attitude (vertical, forward or back) of the mast (or boom position) at the TIME of the incident. Indicate either No Load or With Load and the actual weight (if possible).
- Complete a brief factual description of what actually occurred based on the FACTS which are available from eye witnesses of the incident or observations made following the incident. State precisely what occurred to the equipment or attachments which appear as a possible factor in the incident (attached additional sheet if needed).
- Describe any physical injury including the name of the treating Doctor and/or Hospital (if known). Describe the extent of Product or Property Damage.
- Provide information regarding Operating Training/Certification and about OSHA or Police notification.

### LIFT TRUCK PRODUCT DATA:

- Provide Model, Serial Number, U.L. Type and hour meter reading of any lift trucks involved.
- Select Engine fuel type, Transmission type and Voltage for an electric lift truck.
- Select Mast type; give Maximum Fork Height and the type of Carriage, Hook, Shaft, Sideshift or Other.
- List Capacity from lift truck ID plate. Indicate if Operator Warning Plate is on the lift truck. Operator manual?
- Indicate if the overhead guard, load backrest, and "tipover warning" decal are properly installed and complete.
- Indicate if the lift truck was equipped with an Operator Restraint System and if it was in use at the time of the incident.
- List any Relevant Equipment/Attachments on the lift truck at the time of the incident e.g. mirrors, backup and/or other alarms, work lights, warning lights (strobe), clamps, rotators, nonstandard seats, etc.) Include name of Manufacturer of major attachments. Indicate if lift truck is Rented or Owned.
- Secure and attach a copy of the daily operator checklist. Secure and attach a copy of last truck service record.
- Give the owner name and address, including city and state/country.

### WITNESSES:

- The name, address and employer of any eye witness (e.g. operator or bystander) to the incident should be recorded along with names of other persons investigating the incident. Any statement by a witness should be included on an attached sheet.

### REPORT PREPARED BY:

- The Name, Date of Investigation, Dealer/employer's name, Dealer Code and complete Phone number of the person gathering information for the report should be provided. This is especially important for any follow-up investigation.

**INCIDENT REPORT FORM**



**Mail or** Vehicle Safety Standards Engineering  
**Fax to:** 2121 W. Sam Houston Pkwy. N.  
Houston, TX 77043-2424  
Fax: (713) 365-1820

**PERSON INJURED OR PERSON INCURRING DAMAGE**

Name \_\_\_\_\_ Address \_\_\_\_\_ Age \_\_\_\_\_  
Job Title \_\_\_\_\_ Employer \_\_\_\_\_ Experience \_\_\_\_\_

**INCIDENT DATA**

Date \_\_\_\_\_ Time \_\_\_\_\_  am  pm Location \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Operating Surface \_\_\_\_\_ Surface Condition \_\_\_\_\_  
Ambient Conditions \_\_\_\_\_  Indoors  Outdoors  Slope \_\_\_\_\_ % Grade  
Lift Brake Position \_\_\_\_\_ Tilt Attitude \_\_\_\_\_  Unload  Loaded \_\_\_\_\_ lb. Load  
Factual Description of what Actually Occurred \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal (physical) Injury \_\_\_\_\_ Dr./Hospital \_\_\_\_\_

Product or Property Damage \_\_\_\_\_

Operator Trained/Certified?  Yes  No By Whom? \_\_\_\_\_ When \_\_\_\_\_

OSHA Notified?  Yes  No OSHA Contact \_\_\_\_\_

Police Report Filed?  Yes  No If Yes, Where \_\_\_\_\_

**IMPORTANT** – Attach a copy of the Daily/Shift Operator Inspection Checklist

**LIFT TRUCK PRODUCT DATA**

Model \_\_\_\_\_ Serial No. \_\_\_\_\_ U.L. Type \_\_\_\_\_

Hour Meter \_\_\_\_\_ Powertrain:  Gas  LPG  Diesel  Electric \_\_\_\_\_ Volt  Auto  Hydro  Mech

Mast:  Simplex  Duplex  Triplex  Quad or Model \_\_\_\_\_ Serial No. \_\_\_\_\_

Max. Fork Height (MFH) \_\_\_\_\_ Carriage/Lift Bracket:  Hook  Shaft  Sideshift  Other \_\_\_\_\_

Rated Capacity \_\_\_\_\_ Operator Warning Decal?  Yes  No Operation Manual?  Yes  No

Overhead Guard Installed?  Yes  No Load Backrest installed?  Yes  No

Tipover Warning Decal Installed?  Yes  No Operator Restraint System Installed?  Yes  No

Operator Restraint System in use at the time of the incident?  Yes  No

Attachments/Special Equipment \_\_\_\_\_  Lease/Rented  Owned

Service Contract?  Yes  No Service Company \_\_\_\_\_ Last Service Record Attached?  Yes  No

Owner Name \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**WITNESSES**

Name \_\_\_\_\_ Address \_\_\_\_\_ Employer \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Employer \_\_\_\_\_

**Report Prepared By:**

Name \_\_\_\_\_ Date of Inspection \_\_\_\_\_ Phone No. \_\_\_\_\_

Dealer Name/Employer \_\_\_\_\_ Dealer Code \_\_\_\_\_

**NOTE: USE ADDITIONAL PAGES WHEN NEEDED. MAIL PHOTOS OR OTHER MATERIALS WHEN AVAILABLE.**