

Motor Vehicle Near Miss Report and Incident Investigation Form



Employer's name		WSIB account number	Incident number	Date of incident
				Type of incident
Employer division or department		Employer address		Employer contact information
Investigation team	Name (print)	Signature		Date signed
Lead investigator				
Employer representative				
Worker representative				
Investigation start date	Investigation complete date	Report only - no investigation		
Location - physical address, or road or highway name with reference to nearby identifiable feature				
City / nearest community		Province	Time of incident	a.m. / p.m.

Type of roadway

Worksite	Resource road - single lane	Two-lane highway
Parking lot	Resource road - two lanes	Three-lane highway
Alley / laneway	Residential street	Four or more lanes
Rural secondary road	Primary /arterial road	Other (describe below)

Roadway features

Straight	Angle or merge intersection	Other (describe below)
Curve - left	Round-about	
Curve - right	Light-controlled	Other (describe below)
Steep grade	Sign-controlled	
4-way intersection	Uncontrolled	Other (describe below)
T-intersection	Marked crosswalk	

Weather conditions Road conditions Visibility conditions

Clear	Dry	Good
Rain	Wet	Poor
Snow	Snow accumulations	Sunrise
Fog	Slush	Sunset
Extreme hot	Ice	Night
Extreme cold	Mud	Obstructions
Other (describe below)	Other (describe below)	Other (describe below)

Information about vehicles involved

Number of work vehicles involved:

Number of non-work vehicles involved:

Vehicle	Owner (name)	Driver (name)	Make / Model	Year	Licence Plate	Vehicle Identification Number	Insurer / Policy Number
#1							
#2							
#3							
#4							

Injuries and other losses

Serious injury or death of employee	Injury to employee, requires medical treatment	Property damage less than \$25,000
Serious injury or death of non-worker	Minor injury to employee or had potential for causing serious injury	Property damage more than \$25,000
Injury to non-worker, requires medical treatment	Minor injury to non-worker or had potential for causing serious injury	Environmental spill or damage

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The people involved			
Party	Description or Name	Role	Contact Information

What happened?

Before the incident: Describe circumstances, conditions, decisions, actions and events that happened before the crash itself, but are relevant to or had bearing upon the crash.

The incident: Describe the sequence of events of the incident. Make notes to identify relevant photos, sketches, diagrams and other supporting documents.

Determine immediate causes: Choose the category and then describe the unsafe or substandard acts, practices or conditions that lead directly to the incident, or had significant bearing on it.

Substandard Conditions

Vehicle Conditions

- Not fit for purpose
- Unsafe operating condition
- Safety features absent or inoperable
 - No winter tires
 - Worn or damaged tires
 - Faulty brakes
 - Faulty lights
- Cracked / damaged windshield
- Incorrect / inoperable equipment
 - Poor housekeeping - cab
 - Improper maintenance
 - No emergency kit
 - Other

Environmental Conditions

- Adverse weather
- Poor lighting (sun, dark)
- Poor visibility (fog, etc)
- Excessive noise
- Temperature extremes
- Road surface, obstructions
- Road design or maintenance
- Other

Other Conditions

- Actions of other driver(s)
- Actions of pedestrian or cyclist
- Defective vehicle(s) - others
- Violence from passenger or other
 - Poor communications
 - Medical condition - driver
 - Poor vision or hearing - driver
 - Inadequate traffic control
- Improper clothing or footwear
- Wildlife / animals on road
 - Unguarded devices
 - Other

Substandard Acts and Practices

Substandard Acts

- Driving while distracted
- Following too close
- Ignoring traffic control devices
 - Failing to yield
 - Improper passing
- Speeding; too fast for conditions
- Not wearing seatbelt
- Insufficient skill / competency
 - Inattention / complacency
 - Does not recognize hazard
 - Does not react correctly to hazard
 - Improper entry / exit of vehicle
 - Improper seat or mirror adjustment
 - Improper backing / reversing
- Does not know operating procedure
- Does not follow operating procedure
 - Other
 - Other

Substandard Practices

- Impairment - fatigue, alcohol or drugs
- Inadequate training or orientation
 - Driver not familiar with route
 - Poor / unrealistic scheduling
 - Poor journey management
- High-risk route or intersection
 - Long duration trips
 - Insufficient rest breaks
- Irregular / unpredictable schedules
- Drive between midnight and 6:00 am
- No check-in or emergency procedure
- Vehicle not inspected before use
 - Improper loading / securement
 - Improper use of equipment
 - Improper lockout
 - Other
 - Other

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Determine underlying causes: Describe gaps, deficiencies, circumstances, conditions, decisions or acts that contributed to the incident. Explain the underlying reasons that the immediate causes exist or occurred. From the list below, choose all that apply.

Basic Cause	Describe	Basic Cause	Describe
1) Inadequate hazard identification or risk assessment		12) Inadequate vehicle inspections	
2) Inadequate or ineffective control measures		13) Inadequate vehicle maintenance	
3) Inadequate policy, procedures or practices		14) Inadequate system for reporting or correcting safety issues	
4) Incomplete implementation of policy or procedure		15) Improper motivation / incentives; poor performance tolerated	
5) Inadequate training or orientation		16) Employee not empowered to make driving-critical decisions	
5) Inadequate process for confirming driver competency		17) Inadequate experience, knowledge or skill	
7) Inadequate work (trip, journey) planning		18) Fatigue - task load / duration or lack of rest	
8) Inadequate management oversight, or supervision		19) Mental / physical stress or illness	
9) Inadequate purchasing standards or specifications		20) Misconduct - intentional or unintentional	
9) Inadequate or incomplete communications		21) Other – specify:	
11) Inadequate engineering or design		22) Other – specify:	

Corrective Actions

Type	Actions	Assigned To	Target Completion Date	Date Completed	Verified by (initial)

Review and Approval

Member	Print Name	Signature	Role	Date
Reviewed by Manager				