Safety Supervisor's Incident Investigation Report			
		Safety Supervisor Suggested	
Incident Type	DOT-Reportable Crash	Ruling	
Date of Incident:	I	Terminal:	
Location of Incident:		Employee Name:	
Time of Incident:		Employee Number:	
Truck Number:		Trailer Number:	
I Certify form submitted?		Safety Supervisor	
Date of Interview:	Employed	Time of Interview:	
	Investiga	tive Findings:	
5 WHY's - ROOT CAUSE ANALYSIS Decription of the Incident:			
1-Why - Did the incident happen	Τ	Employee Answer:	
2-Why		Employee Answer:	
3-Why	+	Employee Answer:	
4-Why		Employee Answer:	
5-Why		Employee Answer:	
	Roo	ot Cause:	
	Recomme	nded Solution:	
	Completed		
	Completeu	Action & Date:	