Department of Transportation
ACCIDENT REPORT OF ON-THE-JOB
BRIDGE CONSTRUCTION RELATED ACCIDENT
Form No. DS-OS C107 (Rev. 1/86)

FILE No. _____

CONTRACT No. _____

NAME OF CONTRACTOR:

STRUCTURE REPRESENTATIVE _____ _____

DATE OF ACCIDENT _____ _____

TYPE OF ACCIDENT: (Check applicable type)

- ☐ A - Cofferdam or Shoring Failure
- ☐ B - Equipment Contacted Power Lines--
- ☐ C - Excavation Cave-In
- ☐ D - Explosion
- ☐ E - Falling Object
- ☐ F - Falsework Blown Over, Fell Over, Knocked Over
- ☐ G - Falsework Failure
- ☐ H - Fire
- ☐ I - Forms Blown Over, Fell Over, Knocked Cower
- ☐ J - Form Failure
- ☐ K - Injury or Damage by Contractor Equipment
- ☐ L - Injury or Damage by Private Vehicle
- ☐ M - Permanent Portion of Structure Fell or Was Knocked Over
- ☐ N - Person Fell
- ☐ O - Prestressing Accident
- ☐ P - Radiation Exposure
- ☐ Q - Reinforcing Steel Cage Fell
- ☐ R - Other

Give concise but brief description of accident _____

_____

_____

Accident Reported in Daily Report? Yes No Report No. _____ Date _____

Special Accident Report Prepared? Yes No Date of Report _____

Photographs Taken? Yes No Photo Ident. Nos. _____