

# Supervisor Report of Accident or Incident Reporting Procedure

The City and County of Denver's Risk Management Department is proud to announce that a digital Supervisor Report of Accident or Incident is now live and ready for use. Instead of printing out the paper form, filling it out by hand, scanning it back in, and emailing it to Risk Management, all information will now be digitally entered into the Risk Management claims tracking system called STARS. This will help with ease of entry as well as consistency in reporting of the data that is on the form.

Below is the paper form that will be replaced with the system described in this document:

AFTER COMPLETING SAVE THE FORM TO YOUR DESKTOP AND ATTACH TO AN E-MAIL TO YOUR AGENCY SAFETY DEPARTMENT OR HR. PLEASE NOTE THAT YOU MUST ALSO SUBMIT BY E-MAIL TO RISK.MANAGEMENT@DENVERGOV.ORG. WITHIN 5 DAYS OF INCIDENT NOTIFICATION.

Reset Form

**City and County of Denver**  
**SUPERVISOR'S REPORT OF ACCIDENT OR INCIDENT**

Department of Finance / Risk Management Worker's  
 Compensation Unit 201 W. Colfax, Dept. #1105 Denver,  
 CO 80202-4706 Phone: 720-913-3330  
 Fax: 720-913-3184

Please complete and return this form to the Risk Management Office within five calendar days following notification of an accident or incident resulting in the injury of an employee or member of the public in the workplace.  
*Please provide a completed copy of this form to your safety office.*

**1. Injured Party Information**

Party Involved:	<input type="text"/>	Incident Date:	<input type="text"/>	Incident Time:	<input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Employee <input type="checkbox"/> Not Employee	Employee Work Phone#:	<input type="text"/>		Employee Job Title:	<input type="text"/>	
Agency:	<input type="text"/>	Location of Incident:	<input type="text"/>		Body Part Injured:	<input type="text"/>

**2. Supervisor Information**

Supervisor Name:	<input type="text"/>	Date of Investigation:	<input type="text"/>	Date Incident Reported:	<input type="text"/>
Supervisor Phone Number:	<input type="text"/>	Supervisor Cell Phone Number:	<input type="text"/>	Name of Person Completing Form:	<input type="text"/>

**3. Description of Incident/Accident and/or Injury Based on your Investigation:** Your investigation should thoroughly Analyze circumstances surrounding the occurrence and you should **ask yourself the following questions:** What was the person doing? Was there a hazardous condition or factor? Why did the incident occur? Was the incident preventable? DESCRIBE BELOW

**4. Incident Type**

<input type="checkbox"/> Contact With / By Detail <input type="text"/>	<input type="checkbox"/> Struck Against Detail <input type="text"/>
<input type="checkbox"/> Struck By Detail <input type="text"/>	<input type="checkbox"/> Caught In/on/ Between Detail <input type="text"/>
<input type="checkbox"/> Exposure To Detail <input type="text"/>	<input type="checkbox"/> Slip/Trip/Fall Detail <input type="text"/>
<input type="checkbox"/> Overexertion Detail <input type="text"/>	<input type="checkbox"/> Stepped On Detail <input type="text"/>
<input type="checkbox"/> Motor Vehicle Collision Detail <input type="text"/>	<input type="checkbox"/> Motor Vehicle Non-Collision Detail <input type="text"/>
<input type="checkbox"/> Physical/Medical Event Detail <input type="text"/>	<input type="checkbox"/> Psychological / Stress Event Detail <input type="text"/>
<input type="checkbox"/> Other Detail <input type="text"/>	

# Submitting the Supervisor Report of Accident or Incident

In order to start a claim, you must be using Internet Explorer. Open a browser window and go to:

<https://www.csstars.com/Enterprise>

If you need to report damages often, it would be smart to bookmark this page. You can also find a link to access the STARS database on the city's Denvergov and Sharepoint Risk Management websites.

This will lead you to a login screen that looks like this:

## Welcome

**Please enter your user information.**

Client ID

User ID

Password

[Forgot your password?](#)

**Log In**

Use the following credentials to log into the system:

Client ID: d223

User ID: user

Password: Welcome1

Note that only the password is case sensitive.

You will be taken to a landing page that looks like this:

ENTERPRISE

Start Page

Interview

Supervisor Report of Accident Incident

What would you like to report?

An accident is caused by adverse interactions of man, machine, and environment. Investigation and assessment of these elements should reveal human, material, and/or environmental factors that caused or contributed to the accident. The goal of the Supervisor's Injury/Incident Analysis Form is to LEARN and PREVENT, NOT to find fault. As a Supervisor, you are responsible for gathering facts, identifying contributing factors, and minimizing or eliminating hazards by taking action.

Supervisor's Report of Accident or Injury

Supervisor Ergonomic Evaluation Request

Checklist for Injury/Incident Analysis - Supervisors Responsibilities

Report any suspicion of horseplay or fraud immediately to Risk Management.  
OUCH line call reported by employee  
Discuss injury with employee  
Visit incident scene  
Record facts, collect photos or sketches  
Identify adverse conditions / contributing factors  
Identify any personal protective equipment (PPE) used  
Propose mechanism to eliminate or minimize hazard  
Implement "fix" and/or provide training  
Fully complete Supervisor's Injury/Incident form

\* Denotes required field

Select the Supervisor's Report of Accident or Injury "GO" button. You will be taken to a screen that looks like the following:

Fill out all fields on the form as completely as possible. You MUST input information or choose at least one selection for EACH required field, as the form cannot be saved or submitted if fields are left blank. Please note that many of the drop-down selection fields allow you to choose more than one relevant selection.

Based on which Department/Agency is selected , your appropriate Department/Agency representative or Safety Personnel will receive an email alert that a claim has been created.

If you would like an email to be submitted back to you with all of the information you just entered upon submittal, be sure to type your email address in the last field on the form before clicking "Submit":

Your email address if you want to receive an e-mail on this entry:

**Please be sure to enter your e-mail address correctly. The application takes the address above and sends the notification to that address so it needs to be correct.**

After hitting "Submit", you will have the opportunity to upload photos or other files that are pertinent to the claim:

Your claim has been successfully submitted

Date Reported: 10/6/2017

Claim Number: 17 3071

Submitted by: USER

Attach/insert employee and witness statements, photos and site diagram.

Attach File

Print

Report Another Claim

Close Page

Select a "Category" type for your file, add a description for your file if you like, and click "Attach File(s)":

Attach File(s)

test.PNG	75.75 KB		Description	
			Category	

Select File(s) Attach File(s)

Your claim and supporting documentation has been submitted! It will now be viewable within STARS for those who have proper access.