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| **1. TIPO DE REPORTE** | **CONSECUTIVO** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| 1 | Incidente |  |  | 4 | Accidente severo |  |
| 2 | Accidente leve |  |  | 5 | Accidente fatal |  |
| 3 | Accidente moderado |  |  | 6 | Accidente múltiple |  |

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| **2. INFORMACIÓN GENERAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha de ocurrencia del evento | | | | | | | | Día de la semana | | | | | | | | | | | | | | | | | | Hora | | | | | | | |
| **Día:** | | **Mes:** | | **Año:** | | | | **LUN** | | **MAR** | | | **MIE** | | | **JUE** | | | **VIE** | | **SAB** | | | **DOM** | |  | | **AM** | | | **PM** | |
| Jornada laboral del evento | | | | | | | | Zona donde ocurre el evento | | | | | | | | | | | | | | | Lesionados en el evento | | | | | | | | | | |
| Normal |  | | Extra | |  | | | Urbana | | |  | | | Rural | | | |  | | Otra | |  | **SI** | | **NO** | | Cuántos | | |  | | | |
| Estaba en su Labor habitual | | | | | | **SI** | **NO** | | ¿Cuál?: | | | | | | | | | | | | | | | | | | | | | | | | |
| Describa la dirección detallada del lugar del evento: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre(s) del jefe(s) inmediato(s) a quién reportó el hecho: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Se brindó atención por la autoridad de tránsito | | | | | | | | | | | | | | **SI** | | | **NO** | | | ¿Cuál?: | | | | | | | | | | | | | |
| Descripción del procedimiento de tránsito: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lugar al que fue trasladado el vehículo: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Se realizó acompañamiento al vehículo | | | | | | | | | **SI** | | | **NO** | | | Se entregó con inventario | | | | | | | | | | | | | | **SI** | | | **NO** | |
| Nombre del responsable: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **3. DATOS DEL CONDUCTOR Y EL VEHÍCULO IMPLICADOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del conductor: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Resultó lesionado | | | | | **SI** | | | **NO** | | | Área a la que pertenece: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Dirección del conductor: | | | | | | | |  | | | | | | | | | | | | | | | | | | | Teléfono | | | | | |  | | | | | | |
| Licencia N°: | | | | | | | | Categoría: | | | | | | | vencimiento | | | | **Día:** | | | | | | | | | **Mes:** | | | | | | | **Año:** | | | | |
| Vehículo (tipo): | | | | | | | | | | | | | | | | Marca: | | | | | | Modelo: | | | | | | | | | Placa: | | | | | | | | |
| Hora de inicio de labores: | | | | | | | |  | | | | | | | Hora de ocurrencia del evento | | | | | | | | | | | | | | | |  | | | | | | | | |
| Servicio al cual está asignado el vehículo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aseo | |  | Acueducto | | |  | | | Alcantarillado | | | | |  | | Otro: | | | | |  | | | | Cuál: | | | | | | | | | | | | | | |
| Velocidad a la que circulaba: | | | | | | | | | | | | | | | | Ocupantes: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. DESCRIPCIÓN GENERAL DEL EVENTO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESCRIBA COMO OCURRIÓ EL ACCIDENTE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CAUSA(S) DEL ACCIDENTE (DIRECTAS E INDIRECTAS), (INDIQUE SI HUBO CONDICIONES ADVERSAS, AMBIENTALES O ACCIONES DE PERSONAS):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ESTIMACIÓN DEL RIESGO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tipo De Evento** | | | | | | | **Observación** | | | | | | | | | **Severidad del Evento** | | | | | | | | | | | | | | | **Observación** | | | | | | | | |
| Choque | | | | |  | |  | | | | | | | | | Lesionados | | | | | | | | | | | | |  | |  | | | | | | | | |
| Colisión | | | | |  | |  | | | | | | | | | Fatal | | | | | | | | | | | | |  | |  | | | | | | | | |
| Atropello | | | | |  | |  | | | | | | | | | Solo daños | | | | | | | | | | | | |  | |  | | | | | | | | |
| Volcamiento | | | | |  | |  | | | | | | | | | Vehículo no operativo | | | | | | | | | | | | |  | |  | | | | | | | | |
| Caída ocupante | | | | |  | |  | | | | | | | | | Pérdida total | | | | | | | | | | | | |  | |  | | | | | | | | |
| Incendio | | | | |  | |  | | | | | | | | | Daños infraestructura | | | | | | | | | | | | |  | |  | | | | | | | | |
| Otro | | | | |  | |  | | | | | | | | | Otro | | | | | | | | | | | | |  | |  | | | | | | | | |
| **DESCRIPCIÓN DE LAS LESIONES (si las hay)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Naturaleza de la lesión** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sin lesión aparente | | | | |  | | |  | | Reacción alérgica | | | | | | | |  | | | |  | | | | Intoxicación | | | | | | | | | | | | |  |
| Laceraciones | | | | |  | | |  | | Quemadura | | | | | | | |  | | | |  | | | | Contusión | | | | | | | | | | | | |  |
| Heridas | | | | |  | | |  | | Desgarro | | | | | | | |  | | | |  | | | | Insolación | | | | | | | | | | | | |  |
| Esguince | | | | |  | | |  | | Fractura | | | | | | | |  | | | |  | | | | Hernias | | | | | | | | | | | | |  |
| Luxación | | | | |  | | |  | | Amputación | | | | | | | |  | | | |  | | | | Otro | | | | | | | | | | | | |  |
| Parte del cuerpo afectada: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LESIONADOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **N°** | **NOMBRE** | | | | | | | | | | | | | | | **DIRECCION** | | | | | | | **TELEFONO** | | | | | | | | | | | | | | | | |
| 1 |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | |
| TIPO DE LESIÓN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | |
| TIPO DE LESIÓN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | |
| TIPO DE LESIÓN: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **TESTIGOS DEL ACCIDENTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOMBRE** | | | | | | | | | | | | | | | | **CÉDULA** | | | | | | | **TELÉFONO** | | | | | | | | | | | | | | | | |
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| **Nota:** Anexar en hoja aparte los testimonio de los testigos debidamente refrendados | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Se practicó examen de alcoholemia?: | | | | | | | | | | | | **SI** | **NO** | | | Resultados | | | | | | Positivo | | | | | | | | + | | | | Negativo | | | | **-** | |
| ¿Si se practicó; dónde se realizó?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿El examen fue voluntario?: Obligatorio: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Hubo procedimiento policial?: | | | | | | | | | | | | | | | | | **SI** | | | | | | |  | | | | | | | | **NO** | | | | |  | | |
| Causas del evento según el Informe Policial de accidentes de Tránsito IPAT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unidad en la que se dejó constancia: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. DAÑOS: Personas, vehículos o infraestructura afectada por el vehículo de la empresa** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Físicos** | | | | **Cantidad** | | | |  | | **Materiales** | | | | | | **Cuál** | | | |  | | | | | | **Vehículo Propio** | | | | | | | | | | **Cuál** | | | |
| Funcionarios | | | |  | | | |  | | Maquinaria | | | | | |  | | | |  | | | | | | Parte delantera | | | | | | | | | |  | | | |
| Contratistas | | | |  | | | |  | | Vehículos | | | | | |  | | | |  | | | | | | Parte trasera | | | | | | | | | |  | | | |
| Comunidad | | | |  | | | |  | | Cableados | | | | | |  | | | |  | | | | | | Parte lateral | | | | | | | | | |  | | | |
| Estudiantes | | | |  | | | |  | | Instalaciones | | | | | |  | | | |  | | | | | | Parte mecánica | | | | | | | | | |  | | | |
| Animales | | | |  | | | |  | | Fachadas | | | | | |  | | | |  | | | | | | Parte eléctrica | | | | | | | | | |  | | | |
| Otros | | | |  | | | |  | | Otros | | | | | |  | | | |  | | | | | | Otros | | | | | | | | | |  | | | |
| **SI HUBO DAÑOS MATERIALES, DESCRIBALOS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. CAUSAS DEL HECHO DE TRÁNSITO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Factor** | | | | | | | | | | | | | | | | **Observación** | | | | | | | | | | | | | | | | | | | | | | | |
| Humano | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Condición del vehículo | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Carencia, mal estado o mal uso de EPP | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Inadecuada ejecución de los procedimientos | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Condiciones del entorno | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Falta de capacitación | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Falta de políticas preventivas de SV | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **7. AMPLIACIÓN INFORME ACCIDENTE (Evidencias, versiones, fotografías etc…)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **8. CONCLUSIONES DE LA INVESTIGACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **9. MEDIDAS CORRECTIVAS PROPUESTAS PARA INTERVENIR LAS CAUSAS** | | | | | | | | |
| **Actividades** | **Responsable** | **Fecha de Realización** | | | **Fecha de Seguimiento** | | | **Cumplimiento (%)** |
|  |  | **Día** | **Mes** | **Año** | **Día** | **Mes** | **Año** |  |
|  |  | **Día** | **Mes** | **Año** | **Día** | **Mes** | **Año** |  |
|  |  | **Día** | **Mes** | **Año** | **Día** | **Mes** | **Año** |  |
|  |  | **Día** | **Mes** | **Año** | **Día** | **Mes** | **Año** |  |
|  |  | **Día** | **Mes** | **Año** | **Día** | **Mes** | **Año** |  |

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| **INFORME PARA REPORTAR A:** | | | | | | | | |
| **Entidad** | **SI** | **NO** | **N/A** |  | **Entidad** | **SI** | **NO** | **N/A** |
| Área de SG-SST |  |  |  |  | ARL |  |  |  |
| Aseguradora |  |  |  |  | Órgano de Control-PESV |  |  |  |

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| **EQUIPO INVESTIGADOR** | | | |
| **Nombre** | **Cédula** | **Cargo** | **Firma** |
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| **INFORME ELABORADO POR:**  **NOMBRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TP N° \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **FIRMA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **INFORME REVISADO POR:**  **NOMBRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TP N° \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **FIRMA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |