

Incident Report Form

Incident Information

Date: _____ Time: _____ am pm

Use four way flashers, if appropriate.

Immediately contact Phillip Le Claire (cell #: 330-317-6475). Secondary contact is Ed N.

Location: _____
(Address, Highway, City, State)

Landmark: _____
(Milepost, exit number, etc.)

Involved Party Information

Name: _____

Home address: _____

Phone number: _____ Driver's License # and State: _____

Employer name: _____ Employer phone number: _____

Employer address: _____

Vehicle Make: _____ Model: _____ Year: _____

License Plate # & State: _____

Insurance company: _____

Insurance policy number: _____

Insurance expiration date: _____

Witnesses

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Emergency Personnel

Was there a fatality? Yes No Was there an injury? Yes No

Have authorities been notified? Yes No

Police/Fire/Ambulance: _____
(Department name, city & state)

Officer Name: _____ Badge Number: _____

Police Report Number: _____

Incident Report Form

If transported, where were they taken? _____

Spills

Name of commodity (product): _____

Product substance: Liquid Solid Gas/Vapor Other _____

Number of gallons spilled (estimate): _____ Is it a hazmat product? Yes No

Are there sewers or manholes nearby? Yes No

Is there water nearby (lakes, pond, stream, ditch, etc.)? Yes No

If flammable, is perimeter set and ignition sources eliminated? Yes No

Type of release: Hole Rip Rupture Valves Other _____

Product spilled onto: Pavement/Concrete Soil Gravel Other _____

Weather conditions: _____

Incident Description- describe details of the incident:

Draw a diagram of the incident:

(NOTE: Not to scale)

Printed name of person completing report: _____

Signature of person completing report: _____

Date report completed: _____ Time completed: _____ am pm



Email then mail the completed form to Phillip Le Claire, Safety Director.