



The employee directly involved in the incident must complete this report within 24 hours of the incident and submit the completed report and any supporting documentation to their supervisor.
Each employee directly involved must complete a separate report.

SECTION 1 – EMPLOYEE DIRECTLY INVOLVED IN THE INCIDENT

FIRST & LAST NAME:	POSITION:
OFFICE: <input type="checkbox"/> BAY CITY <input type="checkbox"/> INDIAN RIVER <input type="checkbox"/> DETROIT <input type="checkbox"/> WISCONSIN	SUPERVISOR:

SECTION 2 – INCIDENT DETAILS

(1) INCIDENT DATE & TIME:

CIRCLE DAY: SUN MON TUE WED THU FRI SAT

(2) DID YOU REPORT THIS INCIDENT TO YOUR SUPERVISOR immediately? YES, (date, time, method?) NO (list why)

(3) INCIDENT TYPE: VEHICLE/TRUCK EQUIPMENT PROPERTY TECHNOLOGY PRODUCT OTHER

(4) TRUCK/VEHICLE/TRAILER NUMBER: _____ **VIN#** _____
Can take picture of registration

(5) WHERE DID THE INCIDENT OCCUR?

CUSTOMER LOCATION
 FABIANO WAREHOUSE
 PARKING LOT
 HIGHWAY/ROADWAY
 OTHER

(6) LIST SPECIFIC LOCATION OF INCIDENT -

(7) WHAT TASK WERE YOU PERFORMING?

DRIVING/TRANSPORTING PRODUCT
 BACKING VEHICLE OR TRAILER
 PARKING OR MANEUVERING
 LOADING OR UNLOADING
 OPERATING FORKLIFT/ EQUIPMENT
 OTHER

(8) LIST SPECIFIC DETAILS OF THE TASKS BEING DONE-

(9) WHERE THERE ANY PASSENGERS OR WITNESSES TO THE INCIDENT? If none, write none.

All 17 questions must be answered. Incomplete reports will be returned for completion.

TWO-SIDED FORM - TURN TO OTHER SIDE TO COMPLETE THE REPORT

