



## Manager Accident/Incident Report

Name \_\_\_\_\_

Employee ID# \_\_\_\_\_

**Employee/s Involved:**

Name \_\_\_\_\_

ID# \_\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_

Name \_\_\_\_\_

ID# \_\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_

**Witness/s:**

Name \_\_\_\_\_

ID# \_\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_

Name \_\_\_\_\_

ID# \_\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_

\_\_\_\_ Accident with Injury      \_\_\_\_ Incident

Date of Accident/Incident \_\_\_\_\_

Time of Accident/Incident \_\_\_\_\_ A.M. \_\_\_\_ P.M. \_\_\_\_

Warehouse where Accident/Incident Occurred \_\_\_\_\_

Was there any Property Damage \_\_\_\_ Yes \_\_\_\_ No (If Yes please explain damages in detail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe in detail what happened? (Additional page attached if further space is needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How Could It Have Been Prevented?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* All Completed Forms must be collected by the Terminal Manager and turned into the Safety Department immediately.**

**Completed Form must be turned into management immediately.**

# Witness Accident/Incident Report

[illegible]