

ESTIMATED COST: \$ \_\_\_\_\_

SAFETY INCENTIVE DISQUALIFICATION:  Yes  No  Individual  Team

### Accident/Incident/Injury Reporting Form

ALL STATES ASPHALT, INC.  WARNER BROS., LLC.  TREW STONE, LLC.  NEW ENGLAND EMULSIONS CORP.  
 KILLINGLY ASPHALT PRODUCTS, LLC.  JOHNSTON ASPHALT, LLC.

**THIS FORM MUST BE FILLED OUT FOR ALL ACCIDENTS/INCIDENTS/INJURIES AND FAXED TO 413 665-7561. ADDITIONALLY, TELEPHONE NOTIFICATION TO SAFETY MANAGER OR HUMAN RESOURCES MANAGER IS REQUIRED IMMEDIATELY FOLLOWING ALL ACCIDENTS/INCIDENTS/INJURIES - 413 665-7021.**

B A S I C	Employee's Name (Last, First, MI):		Home Telephone Number:	Date of Birth:	Date of Hire:	
	Address:		City:	State:	Zip:	
	Date of Accident/Incident/Injury (mm/dd/yyyy):		Time:	Supervisor:		
	Location:		Safety program followed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Reported:	
	Weather Condition:		List safety equipment in use:			
	Accident/Incident/Injury result of: <input type="checkbox"/> unsafe behavior <input type="checkbox"/> unsafe condition		Did accident involve material spill: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what material:	

(1.)  E M P L O Y E  I N J U R Y	Briefly Describe Injury (how it happened and what was injured):	
	Witness(es) to Injury - Please give full names:	Source of Injury (chemicals, machinery, etc.):
		Person to Whom Injury was Reported (list title):
<p>I authorize the release of medical information and facts regarding this injury, including reports and records, results or diagnosis, treatment and prognosis, estimates of disability and recommendations for further treatment relating to this injury. This information is to be used for the purpose of evaluating and handling my claim for injury as result of an accident occurring on or about _____ and for no other purpose, now or in the future.</p> <p>_____ Employee Signature <span style="float: right;">_____</span> Date</p> <p>I was offered medical treatment at this time and I have declined.</p> <p>_____ Employee Signature <span style="float: right;">_____</span> Date</p>		

(2.)  P R O P E R T Y  and/or  E Q U I P	Insured:		Destination:		Driver License #:	
	Vehicle/Equipment/Trailer Make & Model:		VIN#:		License Plate #:	
	Owned By/Leased From:		Dispatch Terminal:		Equipment Number:	
	Police Investigation By: State: _____ Local/Precinct: _____		Officer Name: _____ Badge #: _____		Citation: _____ Charge: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Accident Description (use additional sheets if necessary):						

\*\*Continued on Reverse\*\*

