

Must report any and all incidents/accidents

Incident Report Form

CONTACT YOUR SUPERVISOR OR THE OFFICE AS SOON AS THE ACCIDENT / INJURY OCCURS (if an emergency - call 911 first)

Date of Incident: 2/24/16 Report Date: 2/24/16
(Please print legibly)

CLI Employee Name: BRANDON GORDON

Name and address of other party(s) involved for a non-traffic accident
(if a traffic accident see other side)

Name: BRANDON GORDON

Address: 314 NORTH SULLIVAN RD. ULYSSES KANSAS 67880

Phone: 620-510-9024

CLI SHOP
Location of Incident: 4565 EAST HWY 50 GARDEN CITY, KS

Time: 12:30 pm a.m./p.m.

Police involved? Yes No
(If yes, please complete other side also.)

Name of Officer(s): _____

Details of Incident: (Please print legibly in black ink or type and be as specific as possible stating the facts. If needed you may submit additional pages)

Employee (BRANDON) WAS THROWING MATERIALS IN THE DUMPSTER. A LARGE PIECE OF GLASS CAME OUT OFF THE DUMPSTER AND CUT HIS FOREARM. HE WAS TAKEN TO THE EMERGENCY ROOM AT ST. CATHERINE HOSPITAL, TO RECEIVE PROPER CARE.

SUPERVISOR: JASON FRITZ 720-771-9977

Check here if continued on additional page: _____

Person Submitting Report: JASON FRITZ

Title: PROJECT MANAGER

Signature of employee _____

Date: _____

Signature of manager J. Fritz

Date: 2/24/16