

### 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: 12.14.15 Report Date: 12.14.15  
*(Please print legibly)*

CLI Employee Name: David Valdez

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

*(if a traffic accident see other side)*

Name:

Address:

Phone:

Location of Incident: Uelero #1220

Time: 10:30  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)*

I was replacing canopy bulb above gas pump. went to close fixture, when I closed fixture, the whole fixture fell, went to grab fixture w. th left hand and sheet metal from fixture cut left hand.

Check here if continued on additional page: \_\_\_\_\_

Person Submitting Report: David Valdez

Title: Tech

Signature of employee \_\_\_\_\_

Date: \_\_\_\_\_

Signature of manager \_\_\_\_\_

Date: \_\_\_\_\_