

Employee Information

Employee's last name: Stone First name: James Middle: R.

Department: Small Parts/Float Supervisor name: Dwane Yorch

Witness to injury: Dwane Yorch (first reported to)

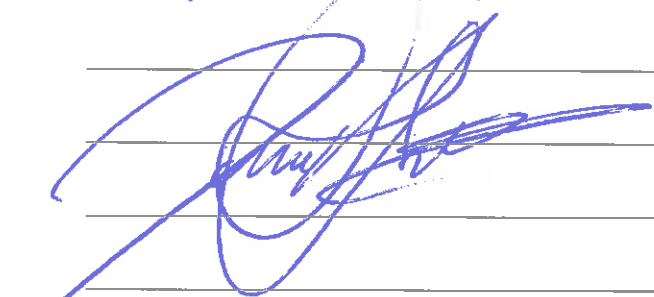
Incident Description

Incident date: 1/23/19 Time of incident: 9:15 am/pm

Date & time incident reported: 1/23/19 9:15 am

Location of incident: Ditch near parking lot

Describe job being done: James was coming back from break and slipped in the ditch, falling down. His middle-lower back is stiff.



Dwane Yorch 1-23-19
[Signature] 1/23/19