

## ACCIDENT/INCIDENT REPORT

\*\*\***IMPORTANT**\*\*\* All blanks must be complete – use n/a if not applicable.

Employee Name:		Date of Incident:	
Employer (if not T.A. Woods Company)			
Time of Occurrence:    AM    PM		Occupation:	
Division:	Hire Date:	Time on Present Job:	
Jobsite Name:		Jobsite Address:	
Description How Injury or Property Damage Occurred:			
Police Report?            No            Yes		Were photos taken?    No            Yes	
If yes, Police report #?		If yes, send photos.	
Company Vehicle Involved?	Vehicle #	Make & Year	
No    Yes			
Describe type of Injury/Property Damage:			
Note: If company vehicle is involved, complete Driver's Accident Report			
Witness		Employer	
What task was person performing (i.e. erection, dismantle, daisy chain, etc.)?			
What Equipment was involved (system, frame, part #, etc.)?			
Do we have items in our possession?		Who was T.A. Woods Foreman/Supervisor?	
No            Yes			

Send names, phone numbers of anyone else (client, owner, etc.) who made a report or did an investigation.

**Has Safety been Notified?** (910) 452-7900    No    Yes    —→    *If Yes: Date & Time?*

**First Aid?**                      **\*\*Note: If medical treatment needed/provided,  
No    Yes                      supervisor must complete the Accident  
Reporting/Treatment Form\*\***

Investigating Supervisor:	Date:
Division Manager:	Date:

**\*\* Please send report to Safety Manager.**