

REPORT OF INCIDENT

INCIDENT REPORT MUST BE COMPLETED BY SITE SUPERVISOR OR MANAGER

Date: _____ Involved MANCON Employee's Name and ID#: _____

Assigned Work Location: _____

Type of Work:

- Administrative
- Professional
- Management
- Technical
- Maintenance
- Other _____

Type of Accident (Check all that apply):

- Automobile Accident
- Building or Facilities
- Employee Personal Injury
- Equipment Damage
- Public (Property Damage or Personal) Incident
- Other _____

ACCIDENT DETAILS:

1. Date of Incident: _____ Time Incident Occurred: _____ Time Work Shift Started: _____ Date Reported: _____

2. Incident Physical Address: _____

Details regarding the incident at the site: _____

3. Description of Incident (Include all details: what happened, who was doing what at the time of the incident, what safety equipment is required for the task, what safety equipment was used for the task, what possibly caused the accident, etc. Attach additional pages as needed):

4. Automobiles Damaged (complete then proceed to Page 2-3): _____

5. Injury Sustained (complete then proceed to Page 4): _____

6. Equipment Involved/Damaged (complete then proceed to Page 5): _____

7. Property Involved/Damage (complete then proceed to Page 5): _____

8. Cause of Accident (Be Specific): _____

9. Supervisor's Name/Contact information: _____

10. Describe possible causes for incident: _____

11. Describe Physical Evidence at Scene of the Incident (Dropped boxes, Broke equipment, etc.): _____

12. Initial and provide Date/Time the Incident was called into MANCON Corporate.
 Who was notified at Corporate? _____ Date/Time Called/Emailed In: _____

**FORWARD COPY WITHIN 24 HOURS OF INCIDENT TO MANCON® CORPORATE OFFICE
 HUMAN RESOURCES – FAX 757-457-9345 or EMAIL HR@MANCONINC.COM**

Site Supervisor's Signature/Date: _____
Human Resources Signature/Date notified: _____ Date HR Received: _____

AUTOMOBILE ACCIDENT REPORT

Make copies for completion for each MANCON person/vehicle involved.

MANCON Driver: _____ DOB: _____ Male/Female: _____
MANCON Driver License information: _____ Phone: _____
MANCON Driver Address: _____

MANCON Location and Name Vehicle is assigned to: _____
Purpose for use of Vehicle: _____
Year: _____ Make: _____ Model: _____ VIN: _____
Vehicle License Plate: _____
Location of MANCON Vehicle after Accident: _____
Estimated Cost of Repairs: _____ Vehicle Garaged at: _____

Passenger 1 in MANCON Vehicle: _____ Phone: _____
Passenger Address: _____
Passenger 2 in MANCON Vehicle: _____ Phone: _____
Passenger Address: _____
Passenger 3 in MANCON Vehicle: _____ Phone: _____
Passenger Address: _____

Using the diagrams and lines below, draw and describe the accident and damage to MANCON Vehicle.

SHOW ON THE DIAGRAM THE POSITIONS OF ALL AUTOS, PERSONS, STOP LIGHTS, STOP SIGNS AND OTHER OBJECTS. SHOW STREET NAMES

Legend:

- MY AUTO
- OTHER AUTO
- THIRD AUTO
- PEDESTRIAN
- STOP SIGN
- YIELD SIGN
- STOP LIGHT

WINDSHIELD DAMAGE: CHECK ITEMS ABOVE AND MARK LOCATION ON DIAGRAM:

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AUTOMOBILE ACCIDENT REPORT

Make copies for completion for each NON-MANCON person/vehicle involved.

Name of the Other Driver: _____ Phone: _____
 Other Driver License information: _____
 Address: _____
 Insurance Company: _____ Phone: _____
 Insurance Address: _____
 Owner of Other Vehicle: _____ License Plate: _____
 Year: _____ Make: _____ Model: _____ Other Identifying Features: _____
 Estimated Cost of Repairs: _____

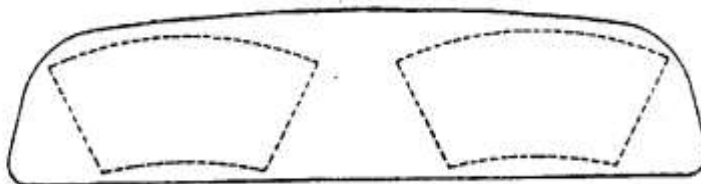
Passenger 1 in MANCON Vehicle: _____ Phone: _____
 Passenger Address: _____
 Passenger 2 in MANCON Vehicle: _____ Phone: _____
 Passenger Address: _____
 Passenger 3 in MANCON Vehicle: _____ Phone: _____
 Passenger Address: _____

If the Police were contacted, provide the officer's name and report number (also attach a copy of the accident report filed).

Using the diagrams and lines below, draw and describe the accident and damage to other Vehicle.

SHOW ON THE DIAGRAM THE POSITIONS OF ALL AUTOS, PERSONS, STOP LIGHTS, STOP SIGNS AND OTHER OBJECTS. SHOW STREET NAMES

WINDSHIELD DAMAGE: CHECK ITEMS ABOVE AND MARK LOCATION ON DIAGRAM:



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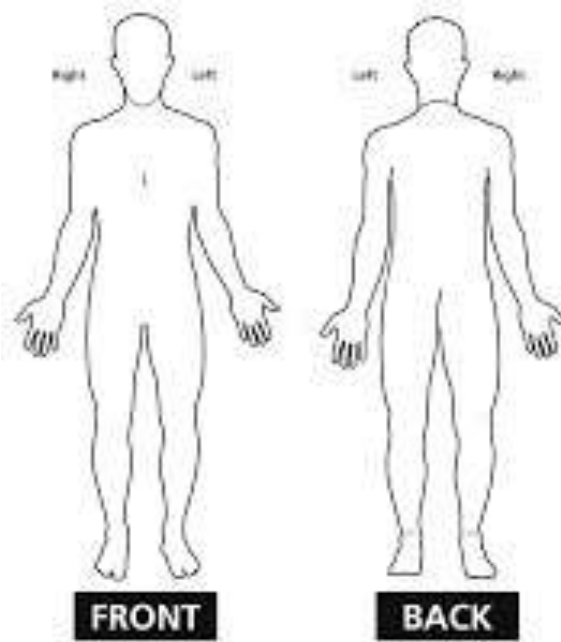
INJURY INFORMATION

Make copies for completion for each person injured.

Injured Name: _____ Phone _____
 Address _____ Job Title _____
 _____ Department _____
 Date of Birth: _____ Female/Male _____

First Aid Provided on Site? _____ If Transported Off-Site, How? _____
 Employee (Choose one): Remained at work Returned to Work at _____ Did not return to work

Employer/Contact Name/Phone (if not MANCON) _____
 Employer Address and Phone: _____



Indicate the area(s) injured using the graphics above for the front and back side. Description lines are provided for your convenience.

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EQUIPMENT AND/OR PROPERTY DAMAGE

Make copies for completion for each piece of equipment and/or property damaged.

Owner of Equipment or Property: _____

Address of Owner: _____

Contact Name/Phone: _____

Insurance Company: _____ Phone: _____

Insurance Address: _____

Estimated Cost of Repairs: _____

If the Police were contacted, provide the officer's name and report number (also attach a copy of the accident report filed).

Using the boxes above, draw the incident/damage occurred. Description lines are provided below for a detailed description of the incident and the damage that occurred. Attach photos or other documentation of the damaged equipment/property.

EQUIPMENT DAMAGE

PROPERTY DAMAGE

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