ESTIMATED COST: $ _____

SAFETY INCENTIVE DISQUALIFICATION: ☐ Yes ☐ No ■ Individual ☐ Team ☐

Incident/Crash/Injury Reporting Form

☑ ALL STATES Construction, LLC. ☐ WARNER BROS., LLC. ☐ TREW STONE, LLC. ☐ Mitchell Materials, LLC ☐ AUBURN ASPHALT, LLC

☐ KILLINGLY ASPHALT, LLC. ☐ JOHNSTON ASPHALT, LLC. ☐ ALL STATES ASPHALT, LLC ☐ Carroll Materials, LLC ☐ DOWN EAST EMULSIONS, LLC

☐ NEW ENGLAND EMULSIONS, LLC

THIS FORM MUST BE FILLED OUT FOR ALL INCIDENTS/CRASHES/INJURIES

REPORTING GUIDELINES

- ☐ CALL 911 TO REPORT CRASH AND EMERGENCY MEDICAL SERVICES (EMS) IF NEEDED
- ☐ TAKE STEPS TO PROVIDE SCENE SAFETY PENDING ARRIVAL OF RESPONDING PERSONNEL (CONES, REFLECTORS, FLAGS)
- ☐ PROVIDE FIRST AID IN ACCORDANCE WITH TRAINING AND QUALIFICATIONS
- ☐ TAKE STEPS TO REMEDIATE SPILL IF POSSIBLE
  - ☐ FOR SPILLS 10 GALLONS OR LESS, USE ISSUED SPILL KIT TO CONTAIN THE SPILL AS MUCH AS POSSIBLE, KEEPING MATERIAL AWAY FROM STORM DRAINS AND STANDING WATER
  - ☐ FOR SPILLS IN EXCESS OF 10 GALLONS, ALSO TAKE STEPS TO PROTECT THE PUBLIC, KEEPING BYSTANDERS DOWN WIND AND FLAMMABLE MATERIALS AWAY FROM SPILL
- ☐ CALL DISPATCH @ **413 665-7051**, IF NO ANSWER CALL **866 322-ASMG (2764)**
  IF ABLE, GATHER NAMES, LICENSE NUMBERS AND CONTACT INFORMATION OF OTHER DRIVERS AND WITNESSES, LOG WHERE APPROPRIATE ON THIS FORM
- ☐ BE POLITE AND NON-OPINIONATED. **NEVER ADMIT FAULT OR RESPONSIBILITY FOR THE INCIDENT**
- ☐ **DO NOT** TALK WITH NEWS MEDIA
- ☐ COMPLETE APPROPRIATE SECTIONS ON THIS FORM, TURN IN TO SUPERVISOR

BASIC

Employee's Name (Last, First, MI): Test	Home Telephone Number:	Date of Birth:	Date of Hire:
Address:	City:	State:	Zip:
Date of Accident/Incident/Injury (mm/dd/yyyy):	Time:	Supervisor:	
Location:	Safety program followed?: ☐ Yes ☐ No	Date Reported:	
Weather Condition:	List safety equipment in use:		
Accident/Incident/Injury result of: ☐ unsafe behavior ☐ unsafe condition	Did accident involve material spill: ☐ Yes ☐ No	If yes, what material:	

(1.) EMPLOYEE INJURY

Briefly Describe Injury (how it happened and what was injured):	
Witness(es) to Injury - Please give full names: None	Source of Injury (chemicals, machinery, etc.):
	Person to Whom Injury was Reported (list title):

I authorize the release of medical information and facts regarding this injury, including reports and records, results or diagnosis, treatment and prognosis, estimates of disability and recommendations for further treatment relating to this injury. This information is to be used for the purpose of evaluating and handling my claim for injury as result of an accident occurring on or about _____ and for no other purpose, now or in the future.

_____ _____

Employee Signature Date

I was offered medical treatment at this time and I have declined.

_____ _____

Employee Signature Date

****Continued on Reverse****

(2.) PROPERTY and/or EQUIP

Insured: test	Destination:		Driver License #:	
Vehicle/Equipment/Trailer Make & Model:	VIN#:		License Plate #:	
Owned By/Leased From:	Dispatch Terminal:		Equipment Number:	
Police Investigation By: State: Local/Precinct:	Officer Name: Badge #:		Citation: ☐ Yes ☐ No	Charge:
Accident Description (use additional sheets if necessary): bop				
Witnesses - use additional sheets if necessary				
Name:	Address City State Zip			Phone:
Name:	Address City State Zip			Phone:
Other Vehicle Information				
Driver:	Driver License #:		Injured: ☐ Yes ☐ No	Phone:
Address: City State Zip			License Plate # & State:	
Owner (If not Driver):	Vehicle Make & Model:			
Address: City State Zip				
Passengers - use additional sheets if necessary				
Name: we	Address City State Zip			Injured: ☐ Yes ☐ No
Name:	Address City State Zip			Injured: ☐ Yes ☐ No

SIGNATURE

CORRECTIVE ACTIONS - describe how accident/incident/injury could have been avoided:

no

_____ _____

Employee Signature **Date** EMAIL

_____ _____

Supervisor Signature **Date**

OFFICE

Reportable to Insurance Company: ☐ Yes ☐ No Date Reported: Time:	Claim Number Assigned:	Claim Rep. Name: Claim Rep. Contact:
Lost time injury: ☐ Yes ☐ No Date Became Lost Time:	Date Safety Log Updated:	
OSHA Recordable: ☐ Yes ☐ No Date Recorded on OSHA Log:	Type: __ APD __ AL __ WC __ Property	EE SSN: