

Incident Report Form

FuelMart & Subway

**** Obtain a police report** for all FuelMart & Subway property damage. Report as property damage.

**** Immediately report all incidents** to Haley Ahrendt cell 330-465-6360
If unavailable, immediately report to Joel Teague.

Incident Information

Date: _____ Time: _____ am pm

Location: _____
(Fuel Mart / Subway Number)

Landmark: _____
(gasoline pump number; diesel pump number; men's restroom; front counter, etc.)

Incident Description: _____

Involved Party Information

Name: _____

Home address: _____

Phone number: _____

Driver's License # and State: _____

Vehicle Information (Involved Party)

Vehicle Make: _____ Model: _____ Year: _____

License Plate # & State: _____

Insurance company: _____

Insurance policy number: _____

Insurance expiration date: _____

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Employer Information (Involved Party)

Employer name: _____

Employer address: _____

Employer telephone number: _____

Witnesses:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Injury Information Was there a fatality: Yes No Was there an injury: Yes No

Emergency Personnel

Have authorities been notified: Yes No

Police/Fire/Ambulance: _____
(Name of police/fire/ambulance, city & state)

Officer Name: _____ Badge Number: _____

Police Report Number: _____

If transported, where were they taken: _____

Spills

Name of commodity (product): _____

Product substance: Liquid Solid Gas/Vapor Other _____

Number of gallons spilled (estimate): _____ Is it a hazmat product: Yes No

Are there sewers or manholes nearby: Yes No

Is there water nearby (lakes, pond, stream, ditch, etc.): Yes No

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If flammable, is perimeter set and ignition sources eliminated: Yes No

Type of release: Hole Rip Rupture Valves Other_____

Product spilled onto: Pavement/Concrete Soil Gravel Other_____

Weather condition: _____

Incident description - describe details of incident:

Draw a diagram of the incident (note - not to scale):

Printed name of person completing report: _____

Signature of person completing report: _____

Date report completed: _____ Time completed: _____