



DIMEO PROPERTIES SITE INCIDENT/ACCIDENT REPORT

GENERAL INFORMATION

Site:		Site Address:	
Injured Person Name			
Address			
Home Telephone	Work Telephone	Please circle one: Resident Visitor Vendor Owner Other	
Date & time of loss/accident	Weather: Light/Dark Wet/Dry Snow/Rain Sand/Salt Other	Exact location of loss/accident	
Witness Name (s) <u>Witness Statements Should Be Attached</u>	Phone Number	Other Phone Number	
1) 2) 3)	1) 2) 3)	1) 2) 3)	

INCIDENT OR ACCIDENT

Date Reported:	Time Reported:	Reported to:
<p>How did the incident/accident occur? Describe fully the events; give details on all facts that led to the accident or injury. Identify the individual(s) who may have caused or contributed to the injury.</p>		
Apparent nature of injury	Part(s) of body injured	
Describe immediate action taken by Whom		
Explain any first-aid given by Whom		
Were they transported to an emergency facility? If so which one? & When (Example same day right after incident, next day etc...)		
Attending Physician	Hospital	
Did Claimant accept offer to receive medical attention?	Where photos taken? (Please attach)	

PROPERTY DAMAGE OR THEFT

Exact description of loss			
Describe property in detail			
Approximate dollar value	Reported to Police YES NO	Name of Police Agency	Case Number
First noticed by whom		Phone Number	

ADDITIONAL INFORMATION

Person completing report	Title
Phone Number	E-mail Address
Area Supervisor	Phone Number

Additional Comments or Information

INSTRUCTIONS:

- 1.) This form should be completed by **Dimeo Properties Management** whenever anyone is involved in an incident, which could have/did, result in personal injury or property loss, except for occupational or automobile related accidents. DO NOT issue a blank form to injured persons to complete and return.
- 2.) Requests for a copy of the completed form should be directed to the Risk Manager at (401)732 - 3300. All requests are subject to approval.
- 3.) Keep a copy for your records and submit a completed form to Human Resources Administrator, 475 Kilvert Street Warwick, RI 02886 fax (401) 738-7847)

Signature of individual completing report: _____ Date: _____

MAIN OFFICE USE ONLY

Date received:	Processes:
Notes	