



# GREEN ACRES CONTRACTING INCIDENT REPORT

ver. 2026 MARCH

## GENERAL INCIDENT INFORMATION

Date of Incident:  Time of Incident:   Today's Date:

Foreman:  Supervisor:  Job Number:

Location of Incident:

Weather:  Temperature:  Type of Incident:

Witness Name:  Home #  Cell #  Work #

Reported to whom in office:  Date:  Time:

Supervisor notified?  Date:  Time:   Pictures Taken?

## EMPLOYEE INJURY

Employee Name:  Job Title:

Time Employee Started Work:   PPE Worn:  Hard Hat  Safety Glasses  Vest  
 Gloves  Face Shield  Boots

Body Parts Injured:

Describe Incident in Detail:

Onsite First Aid Given:  Yes  No By Whom & What:

Offsite Medical Treatment:  Yes  No Facility Name:  City:  State:

## OFFICE USE ONLY

Employee Street:  Date of Birth:  Age:   M  F

Home Address: City:  State:  Zip:  Date of Hire:  Phone:

Office Notes:

Site Code F:  Site Code S:  Claim #

**EQUIPMENT INCIDENT**

EQ1 #  TR1 #  Driver/Operator:

EQ2 #  TR2 #  Driver/Operator:

Did Authorities Respond?  Yes  No Responding Authority:  Contact Name:

Report Filed?  Yes  No Report Number:  Contact Phone:

Non GAC vehicle involved:  Yes  No Other Driver:  Driver Phone:

Other Driver Address: Street:  City:  State:

Insurance Information: Insurance Co. Name:  Policy Number:

Other Vehicle: Year:  Make:  Model:  Color:

Damages to other vehicle:

Damages to our equipment1:

Damages to our equipment2:

Describe Incident in Detail:

**OFFICE USE ONLY**

Employee1 Street:  Date of Birth:  Age:   M  F

Home Address: City:  State:  Zip:  Date of Hire:  Phone:

Employee2 Street:  Date of Birth:  Age:   M  F

Home Address: City:  State:  Zip:  Date of Hire:  Phone:

UTILITY STRIKE

Utility Damaged:  Electric  Water  Gas  Phone  Cable  Other

Was line marked?  Marked Properly  Unmarked  Mismarked By how much?

One Call Made?  By Whom?  Date Placed:  Ticket #

What equipment caused damage?  Who was the operator?

Describe Utility Strike In Detail:

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PROPERTY DAMAGE (Not Utility)

Property Owner Name:  Cell Phone:

Property Owner Street:  Home Phone:

Address: City:  State:  Business Phone:

Describe Incident in Detail:

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WORK ZONE (Report Only)

Were Flaggers Used?  Flagger Name:  Flagger Name:

Traffic control set properly?  GAC responsible for traffic?  If no who was?

Describe Incident in Detail:

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INCIDENT PICTURES

Image Field

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