



GREEN ACRES CONTRACTING INCIDENT REPORT

ver 2025 JULY

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:

Large empty text box for describing the utility strike in detail.

PROPERTY DAMAGE (Not Utility)

Property Owner Name: Cell Phone:

Property Owner Address: Street: Home Phone:

City: State: Business Phone:

Describe Incident in Detail:

Large empty text box for describing the property damage incident in detail.

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

Image Field

Image Field

Image Field

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Image Field