



CUSTOMER INCIDENT REPORT

Store/Dealership: _____ Date Incident Reported: _____

Date of Incident: _____ Time of Incident: _____

Where did the incident occur? (be specific) _____

Describe, in detail, how the incident occurred: _____

Describe any injuries: _____

Name of Person involved: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Notifications (Ambulance, Emergency Rescue): _____

Other actions taken: _____

Comments: _____

Witness name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Person Completing Report: _____ Date: _____

For claims information and form submission, please contact our home office:

Domino Food and Fuel, Inc.
Elmer Smith Oil Company
Attention: Human Resources
P. O. Box 1719
Clinton, OK 73601
(580)331-3736
hr@dominocstores.com



MANAGER/SUPERVISOR INVESTIGATION
OF
CUSTOMER ACCIDENT/INCIDENT

Store/Dealership: [] Customer [] Employee

Name of Injured Person:

Date of Incident: Time of Incident: Date Notified:

Type of Injury: Part of Body:

Where did the incident occur? (be specific)

Specific activity engaged in when incident occurred:

Weather conditions: Photo taken? Yes No (circle one)

Was injured person interviewed? Yes No (circle one)

Was the eyewitness interviewed? Yes No (circle one)

Was first aid administered? Yes No (circle one)

Was the person taken to hospital/clinic? Yes No (circle one)

In your own words, describe what happened. Please be as detailed as possible.

Explain how similar incidents could be prevented (training, communication, policies/procedures, inspections)

Any action taken to prevent similar incidents? Yes No (circle one)

Manager Signature Date and time

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REPORT BY EYEWITNESS

Witness Name:

Street Address:

City:

State:

Zip:

Daytime Phone:

Evening Phone:

Date of Incident:

Time of Incident:

In your own words, please describe, in detail, what you saw happen:

Did anyone else see the incident? Yes No (circle one)

If yes, please list their names:

Other Comments:

Witness Signature

Date

REPORT BY EYEWITNESS

Witness Name:

Street Address:

City:

State:

Zip:

Daytime Phone:

Evening Phone:

Date of Incident:

Time of Incident:

In your own words, please describe, in detail, what you saw happen:

Did anyone else see the incident? Yes No (circle one)

If yes, please list their names:

Other Comments:

Witness Signature

Date