"Red Folder"
TM Accident/Injury Package

1. **TAKE A DEEP BREATH**
2. **MOVE TO A SAFE PLACE.**
3. **CALL 911 IF:**
   - **YOU'VE BEEN IN A VEHICLE COLLISION**
   - **YOU (OR SOMEONE ELSE) ARE EXPERIENCING A SERIOUS MEDICAL EMERGENCY**

FOLLOW ALL OF THESE STEPS:

1. **CALL YOUR MANAGER/SUPERVISOR**; if you are unable to reach your manager – notify another manager immediately.
2. **TAKE PHOTOS & TEXT/EMAIL** them to your manager/supervisor immediately (property, spill, collision, equipment, injury - all relevant photos; 10+ photos)
3. **COMPLETE THIS PACKAGE & TEXT/EMAIL** it to your manager within 2 hours.
4. **DO NOT LEAVE** the scene until released by your Manager (unless its *unsafe* to remain)
5. **SEEK *NON-EMERGENCY* MEDICAL TREATMENT or DECLINE** treatment (if injured); visit an approved Workers' Comp clinic
6. **CONTINUALLY UPDATE MANAGER** on status

AT THE SCENE:

- Complete the **TM & ACCIDENT INFO** section
- For a vehicle collision, complete the **COLLISION** section

---

WITHIN 2 HOURS (ASAP):

- Complete the **STATEMENT** section
- For spills, complete the **SPILL** section
- If you are injured, complete the **INJURY** section

TM & ACCIDENT INFO (at the scene)

(check all that apply)

☐ Injury ☐ Spill ☐ Property Damage ☐ Vehicle Collision

TM Name:	TM Phone:
Manager notified:	Location of Incident:
Date of Incident:	Time of Incident:

CONTINUE…

COLLISION (at the scene)

Truck/Site#	Were there other drivers involved? ☐ YES ☐ NO, I was the only driver involved in this collision
Other Driver Name:	Other Insurance Company:
Other Driver Address:	Insurance Policy #:
Other Driver Phone:	Driver License #:
License Plate Number:	Driver License State:
Vehicle Make / Model / Year:	Vehicle color:
Registered Owner (if not driver):	Witness Name & Phone:
Describe Property Damaged:	

Take these Photos at the Scene (Minimum 10) ***Send photos to Manager **immediately***

- ☐ The approach to the scene
- ☐ Both sides of the scene
- ☐ Front of the scene
- ☐ Leaving the scene
- ☐ License plate of the other vehicle(s) involved
- ☐ Damage of the other vehicle(s) (all sides & corners of the vehicle)
- ☐ Driver License, registration & insurance of other driver involved (verify all names match)

Weather condition:

Who else was notified (check below):

☐ Law Enforcement:	Name of Officer:_____Report #:_____
☐ Property Owner	Name of Property Owner:_____
☐ Flyers Dispatcher	Name of Dispatcher:_____

STATEMENT (all incidents)

TM Home Address:	TM Email:	
Date of Birth:	TM Job Title:	
Department:	Work Location:	
Regular Workdays: M Tu W Th F Sa Su	Regular hours worked in a Day:	Regular hours worked in a Week:
Time Shift Started this Day:	Time Work Ended this Day:	

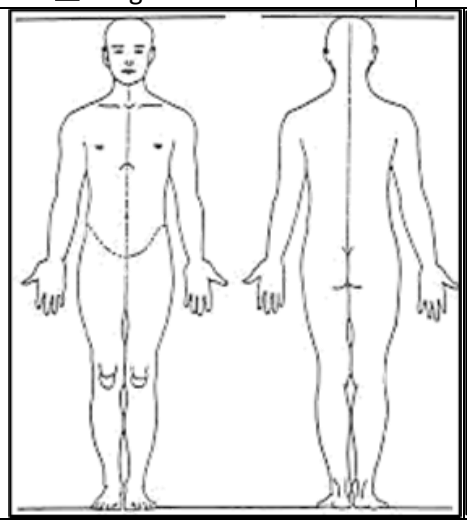
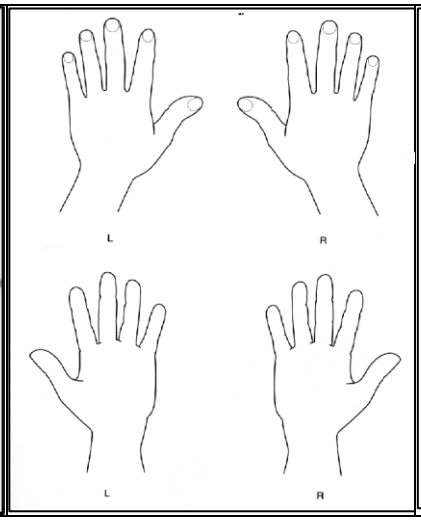
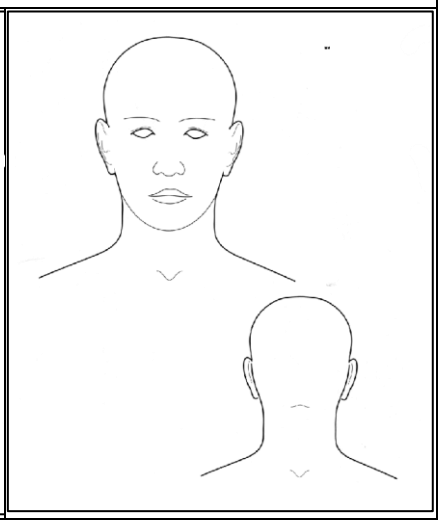
Detailed Account / Explanation of what happened *before* and *during* the Accident:

Include:
- ☐ WHO
- ☐ WHAT
- ☐ WHERE
- ☐ WHEN
- ☐ WHY
- and
- ☐ HOW

SPILL

Photos Taken of Spill (*required*):	☐ Yes ☐ No	Photos Taken After Clean-up of Spill (*required if applicable*):	☐ Yes ☐ No
Did this spill enter into a drain or result in water and/or soil contamination?	☐ Yes ☐ No	Did the spill result in Property Damage?	☐ Yes ☐ No
Have authorities been onsite in order to assist with clean-up of the spill?	☐ Yes ☐ No ☐ ?	Has Engineering been contacted in regards to this spill?	☐ Yes ☐ No ☐ ?
Add additional remarks about what occurred after the spill to clean-up:	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		

INJURY

Are you in need of medical treatment?	☐ YES	☐ NO, I do not feel that my injury warrants medical treatment at this time; I voluntarily decline medical treatment; I understand that I can request this at a later time with my supervisor/HR.
Who transported you to the medical facility?		
Were there any witness(s)? Who?		
Where did the injury occur?	☐ On Flyers' property ☐ On customer property ☐ On a public road ☐ Other: _____	Have you ever had injury to this body part before (explain)? _____ _____ _____
Where are you injured?	☐ Left side ☐ Right side	Body Part(s):
Mark the image with a X where you are experiencing any pain or injury:		 

Team Member Signature: _____ Date Completed: _____

Received by (Name & Signature): _____ Date Received: _____