ETHAN CONSTRUCTION, INC.
SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

DATE 8/16/06

TYPE OF ACCIDENT/LOSS ____ ETHAN EMPLOYEE X NON ETHAN EMPLOYEE

____ PROPERTY ____ MOTOR VEHICLE ____ THEFT

SECTION 1 ~ PERSONAL INJURY

NAME OF INJURRED EMPLOYEE (b) (6) S.S.# (b) (6)

HOME ADDRESS (b) (6) CITY (b) (6) STATE (b) ZIP (b) (6)

HOME PHONE # (b) (6) BIRTHDATE (b) (6) SEX (b) (6)

COMPLETE DESCRIPTION OF INCIDENT Installing Lath Lath sliped down & cut his arm

USE ADDITIONAL SHEET IF NEEDED

TYPE OF FIRST AID GIVEN Applied gauze pad + 1st aid tape

DID EMPLOYEE RECEIVE EMERGENCY OR MEDICAL TREATMENT (Y) N

NAME OF PHYSICIAN / HOSPITAL Providence ADDRESS 1st Hill

CITY ____ STATE ____ ZIP ____ PHONE # (____) ____-____

WITNESS(S) ____ PHONE # (____) ____-____

WERE THESE FACTORS INVOLVED : ____ INTOXICATION ____ DISOBEYING SAFETY RULES

CORRECTIVE ACTION TAKEN TO PREVENT SIMILAR ACCIDENTS Handel Lath work on one

DATE CORRECTIVE ACTION WAS TAKEN ____

SUBCONTRACTOR INFORMATION ~ THIS AREA FOR NON ETHAN PERSONNEL INJURRED ON AN ETHAN PROJECT

SUBCONTRACTOR Walker Spec Const CONTACT Dan Dennler

CITY Woodinville STATE WA ZIP ____ PHONE (206) 361 - 8913

CONTINUED "PERSONAL INJURY" THIS SECTION FOR ETHAN EMPLOYEE'S ONLY

MARRIED ___ SINGLE ___ NUMBER OF DEPENDENTS ___ SPOUSE'S NAME ____

DATE OF HIRE BY ETHAN CONSTRUCTION. ____ DATE STARTED ON THIS JOB ____

OCCUPATION ____ HOURLY WAGE $____ STATE HIRED IN ____ PROJECT # ____

DATE OF ACCIDENT ____ TIME ____ DATE REPORTED ____

TIME EMPLOYEE BEGAN WORK ____ WILL EMPLOYEE MISS NEXT WORK DAY DUE TO INJURY ? Y N

PROJECT NAME ____ ADDRESS ____

CITY ____ STATE ____ ZIP ____ SUPERVISOR'S NAME ____

SECTION 2 ~ ALL OTHER ACCIDENTS / LOSSES

DATE OF ACCIDENT ____ TIME ____ DATE REPORTED ____ JOB# ____

PROJECT NAME ____ ADDRESS ____

CITY ____ STATE ____ ZIP ____ SUPERINTENDENT ____

SUBCONTRACTOR/PARTIES INVOLVED ____

CITY ____ STATE ____ ZIP ____ PHONE (____) ____-____

ETHAN VEHICLE # ____ VEHICLE DESCRIPTION ____

COMPLETE DESCRIPTION OF INCIDENT ____

USE ADDITIONAL SHEET IF NEEDED

SUPERINTENDENT'S SIGNATURE ____ DATE ____

PROJECT MANAGERS SIGNATURE ____ DATE ____

FOR OFFICE USE : DATE REPORTED TO INSURANCE ____ CLAIM # ____

 # TO CALL FOR CLAIM INFO (____) ____-____ CONTACT ____