

**Star Buick GMC**  
**Employee Incident Report**

Reported by: \_\_\_\_\_ Date \_\_\_\_\_

Reported to: \_\_\_\_\_

Department \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_

Location of Incident \_\_\_\_\_

Description:

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Immediate Action Taken:

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Management Follow Up:

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List any injury or loss of property: (Attach pictures and any other description or receipts)

Employee Signature: \_\_\_\_\_

Management Signature: \_\_\_\_\_