

GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: July 24, 2017

Date of Accident: July 24, 2017

Time of Accident: 7:25 a.m.

Name of Operator: Priscilla Sparks

Birth Date: [REDACTED]

Date of Hire: 01-29-1989

Hourly Rate of Pay: \$

Drivers' License Number: [REDACTED]

Job Title: Executive Assistant

Location of Accident: 109 Bagby Park, Grayson, KY

Vehicle(s) Involved: 2 and personal

Witnesses to the Accident: no

Describe the Accident: misjudged wall distance when parking personal vehicle and got too close to vehicle #2's right fender, scratching both vehicles fenders

What Equipment Was in Use at the Time of Accident? Seat belt

Injuries: none

First Aid Given at Scene: none

Physician or Hospital Care: none

Was There a Sketch of Accident Made? no

Safety Equipment In Use At Time Of Accident: seat belt

First Aid and Accident Report  
Page 2

Were There Any Safety Violations? No

Date of Safety Meeting That the Accident Was Reviewed: 7-31-17

What Can We Do To Keep This Accident From Happening Again?

Be more careful and observant in close  
confined areas

Signature of Employee: Precilla Sparks

Signature of Supervisor: Carol Helms

Safety Manager: Ken Clay

Date of Review: 7-31-17

GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: July 24, 2017

Date of Accident: July 24, 2017

Time of Accident: 3:00 p.m.

Name of Operator: Mark Hutchinson

Birth Date: [REDACTED]

Date of Hire: 1/27/97

Hourly Rate of Pay: \$

Drivers' License Number: [REDACTED]

Job Title: Maintenance Lineman

Location of Accident: Clay Lick Road, Greenup County, KY

Vehicle(s) Involved: 125

Witnesses to the Accident: no one

Describe the Accident: backing up, turning around and didn't see pole; broke pole

What Equipment Was in Use at the Time of Accident? Seat belt

Injuries: none

First Aid Given at Scene: none

Physician or Hospital Care: none

Was There a Sketch of Accident Made? no

Safety Equipment In Use At Time Of Accident: seat belt

First Aid and Accident Report  
Page 2

Were There Any Safety Violations? No

Date of Safety Meeting That the Accident Was Reviewed: 7-31-17

What Can We Do To Keep This Accident From Happening Again?

When backing up be more observant of  
surroundings

Signature of Employee:

Joseph M. Putter

Signature of Supervisor:

Lyle Chryz

Safety Manager:

Lyle Chryz

Date of Review:


7-31-17

**Date:** 11-17-17  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation

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ON NOVEMBER 6, 2017, PEGGY WELLS WAS COMING THRU THE HALLWAY GOING INTO MEMBER SERVICE DEPARTMENT AND KRILLED ANKLE.

THE SAFETY COMMITTEE MET ON NOVEMBER 13, 2017 AND FOUND NO SAFETY VIOLATIONS BUT ADVISED TO TAKE EXTRA CAUTION WHEN WALKING ON TILE FLOORS WITH DRESS SHOES.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Nancy Madden, Safety Secretary

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Herbie Steagall, Union Representative



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: November 6, 2017

Date of Accident: November 6, 2017

Time of Accident: 9:00 a.m.

Name of Employee: Peggy Wells

Birth Date: [REDACTED]

Date of Hire: 12-30-2002

Hourly Rate of Pay: \$20.03

Drivers' License Number: n/a

Job Title: Member Service Representative

Location of Accident: GRECC hallway leading to Member Service Department

Vehicle(s) Involved: n/a

Witnesses to the Accident: no one

Describe the Accident: walking down the hall and krilled ankle

What Equipment Was in Use at the Time of Accident? n/a

Injuries: ankle sore

First Aid Given at Scene: none

Physician or Hospital Care: none

Was There a Sketch of Accident Made? no

What Personal Protection Equipment (PPE) Was In Use At Time Of Accident: n/a

First Aid and Accident Report  
Page 2

Were There Any Safety Violations? No

Date of Safety Meeting That the Accident Was Reviewed: November 13, 2017

What Can We Do To Keep This Accident From Happening Again?

Be extra caution when walking on tile floors with dress shoes.

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Signature of Employee: *Peggy J. Wells*

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: \_\_\_\_\_

Safety Manager: *Kyle Clowry*

Date of Review: 11-13-17



**Date:** 11-17-17  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation


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ON NOVEMBER 4, 2017, CAROL HALL FRALEY WAS TURNING RIGHT OUT OF ASHLAND TOWN CENTER ONTO WINCHESTER AVE. ATTEMPTED TO MOVE LEFT, GAVE SIGNAL AND TRIED TO TURN LEFT ONTO THE TEXAS ROAD HOUSE ACCESS. RED TRUCK APPROACHED FROM ACROSS THE STREET AND TURNED LEFT AND HIT HER IN THE LEFT BACK QUARTER PANEL.

THE SAFETY COMMITTEE MET ON NOVEMBER 13, 2017 AND FOUND NO SAFETY VIOLATIONS BUT ADVISED TO LOOK OVER SHOULDER BECAUSE OF BLIND SPOT.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Nancy Madden, Safety Secretary

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Herbie Steagall, Union Representative



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: November 4, 2017

Date of Accident: November 4, 2017

Time of Accident: 4:15 p.m.

Name of Operator: Carol Hall Fraley

Birth Date: [REDACTED]

Date of Hire: 7-2-1979

Hourly Rate of Pay: \$

Drivers' License Number: [REDACTED]

Job Title: President and CEO

Location of Accident: coming out from Town City Mall on ST RT 23, Ashland, KY

Vehicle(s) Involved: 2

Vehicle Number: 6

Witnesses to the Accident: none

Describe the Accident: Driver turned right out of Ashland Town Center onto Winchester Ave. Attempted to move left, gave signal and tried to turn left onto the Texas Road House access. Red truck approached from across the street and turned left and hit her in the left back quarter panel.

What Equipment Was in Use at the Time of Accident? seat belt

Injuries: none

First Aid Given at Scene: none

Physician or Hospital Care: none

Was There a Sketch of Accident Made? yes and Ashland City Police report

First Aid and Accident Report  
Page 2

What Personal Protection Equipment (PPE) Was In Use At Time Of Accident: seat belt

Were There Any Safety Violations? No

Date of Safety Meeting That the Accident Was Reviewed: November 13, 2017

What Can We Do To Keep This Accident From Happening Again?

Look over shoulder because of blind spot

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

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: \_\_\_\_\_

Safety Manager: Hyph Clwys

Date of Review: 11-13-17

**Date:** 12-6-17  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation

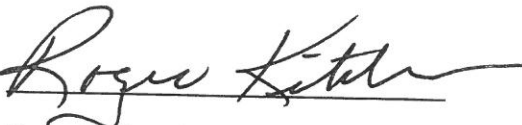
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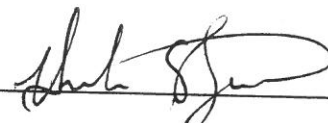
ON NOVEMBER 30, 2017, JAMES K. WITHROW REPORTED HIS SHOULDER STARTED HURTING A COUPLE OF WEEKS AGO AND THOUGHT HE HAD PULLED A MUSCLE; WENT TO THE DOCTOR AND THEY THINK IT IS A TORN ROTATOR CUP; WILL BE SEEING A SPECIALIST WHEN SCHEDULED BY BELLFONTE PRIMARY CARE, GRAYSON, KY.

THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS BUT ADVISED TO USE BATTERY OPERATED TOOLS TO RELIEVE STRESS ON SHOULDERS SHOULD REDUCE THESE TYPES OF ACCIDENT OVER TIME.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Nancy Madden, Safety Secretary

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Herbie Steagall, Union Representative



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: November 30, 2017

Date of Accident: November 30, 2017

Time of Accident: 10:45 a.m.

Name of Operator: James K. Withrow

Birth Date: [REDACTED]

Date of Hire: 2/12/2007

Hourly Rate of Pay: \$37.47

Drivers' License Number: n/a

Job Title: CONSTRUCTION LEADMAN

Location of Accident: various jobs

Vehicle(s) Involved: n/a

Witnesses to the Accident: no one

Describe the Accident: shoulder started hurting a couple of weeks ago and thought he had pulled a muscle; went to the doctor and they think it is a torn rotator cup; will be seeing a specialist when scheduled by Bellfonte Primary Care, Grayson, KY

What Equipment Was in Use at the Time of Accident? always wear PPE

Injuries: possible torn rotator cup; thought he had a pulled muscle

First Aid Given at Scene: none

Physician or Hospital Care: yes

Was There a Sketch of Accident Made? no

Safety Equipment In Use At Time Of Accident: all PPE

First Aid and Accident Report  
Page 2

Were There Any Safety Violations? No

Date of Safety Meeting That the Accident Was Reviewed: 12-6-17

What Can We Do To Keep This Accident From Happening Again?

Using battery operated tools to relieve stress  
on shoulders should reduce these types of  
accident over time.

Signature of Employee: James K. White

Signature of Supervisor: Kyle Clewage

Safety Manager: Kyle Clewage

Date of Review: 12-6-17



**Date:** 1-29-18  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation

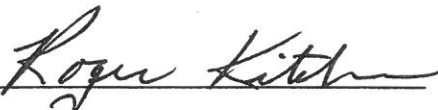
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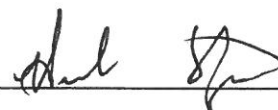
ON JANUARY 15, 2018, RYAN RICE WAS WALKING FROM VEHICLE TO GARAGE AT GRECC HEADQUARTERS AND FELL ON PELVIS DUE TO ICY WEATHER.

THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS BUT ADVISED WHEN IT IS SLICK OUTSIDE BE CAUTIOUS ABOUT ICE UNDER SNOW. BE CAREFUL AND WATCH YOUR STEP.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Nancy Madden, Safety Secretary

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
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Herbie Steagall, Union Representative



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: January 15, 2018

Date of Accident: January 15, 2018

Time of Accident: 7:00 a.m.

Name of Employee: Ryan Rice

Birth Date: [REDACTED]

Date of Hire: 5/31/16

Hourly Rate of Pay: \$35.85

Drivers' License Number: n/a

Job Title: First Class Lineman

Location of Accident: walking from vehicle to garage at GRECC headquarters

Vehicle(s) Involved: n/a

Witnesses to the Accident: no one

Describe the Accident: walking from vehicle to garage at GRECC headquarters, fell on pelvis due to icy weather

What Equipment Was in Use at the Time of Accident? n/a

Injuries: lower back and tail bone

First Aid Given at Scene: none

Physician or Hospital Care: none

Was There a Sketch of Accident Made? no

What Personal Protection Equipment (PPE) Was In Use At Time Of Accident: n/a

First Aid and Accident Report  
Page 2

Were There Any Safety Violations? No

Date of Safety Meeting That the Accident Was Reviewed: 1-22-18

What Can We Do To Keep This Accident From Happening Again?

When it is slick outside be cautious about ice  
under snow. Be careful and watch your  
step.

Signature of Employee: 

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: 

Safety Manager: 

Date of Review: 1-29-18

**Date:** 1-29-18

**To:** Carol Ann Fraley, President & CEO

**From:** The Safety Committee

**RE:** Safety Investigation

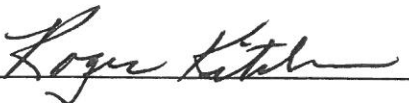
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ON JANUARY 17, 2018, CAITLIN HUTCHINSON WAS WALKING THRU THE MEETING ROOM AND SLIPPED IN WATER DUE TO WEATHER CONDITIONS.

THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS BUT ADVISED TO WATCH FOR WET SPOTS ON FLOORS DURING BAD WEATHER. A SLIPPERY WHEN WET SIGN NEEDS TO BE PUT OUT AND KEEP FLOORS MOPPED UP.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
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Nancy Madden, Safety Secretary

  
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Roger Kitchen, Union Representative

  
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Herbie Steagall, Union Representative



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: January 19, 2018

Date of Accident: January 17, 2018

Time of Accident: 4:15 p.m.

Name of Employee: Caitlin Hutchinson

Birth Date: 

Date of Hire: 1/03/2011

Hourly Rate of Pay: \$16.90

Drivers' License Number: n/a

Job Title: Division Assistant – Finance and Accounting

Location of Accident: GRECC meeting room

Vehicle(s) Involved: n/a

Witnesses to the Accident: Zeb Burke

Describe the Accident: slipped in water due to weather conditions

What Equipment Was in Use at the Time of Accident? n/a

Injuries: scrap on right knee

First Aid Given at Scene: none

Physician or Hospital Care: none

Was There a Sketch of Accident Made? no

What Personal Protection Equipment (PPE) Was In Use At Time Of Accident: n/a

First Aid and Accident Report  
Page 2

Were There Any Safety Violations? No

Date of Safety Meeting That the Accident Was Reviewed: 1-22-18

What Can We Do To Keep This Accident From Happening Again?

Watch for wet spots on floors during bad  
weather. Needs to have a slippery when wet  
sign to put out and keep floors mopped up.

Signature of Employee: Caitlin Hutchinson

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: Bradley Perry

Safety Manager: Kyr Olson

Date of Review: 1-29-18



**Date:** 1-29-18  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation

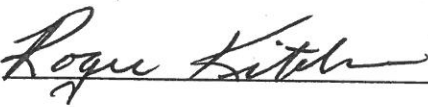
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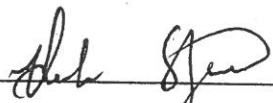
ON JANUARY 22, 2018, TONY BREWER WAS BACKING OUT OF DRIVEWAY AND RAN OVER A MAILBOX.

THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS BUT ADVISED TO HAVE A SPOTTER WHEN BACKING UP.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Nancy Madden, Safety Secretary

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Herbie Steagall, Union Representative



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: 1-22-18

Date of Accident: 1-22-18

Time of Accident: 10:00 AM

Name of Operator: TONY BREWER

Birth Date: [REDACTED]

Date of Hire: 10-6-2014

Drivers' License Number: [REDACTED]

Job Title: LINEMAN

Location of Accident: ZION RIDGE

Vehicle(s) Involved: 138

Witnesses to the Accident: STEVE BURTON

Describe the Accident— Was backing out of driveway and ran over mailbox

What Equipment Was in Use at the Time of Accident? Vehicle 138

Injuries: none

First Aid Given at Scene: none

Physician or Hospital Care: none

Was There a Sketch of Accident Made? none

Safety Equipment In Use At Time Of Accident: seat belts



First Aid and Accident Report  
Page 2

Were There Any Safety Violations? no

Date of Safety Meeting That the Accident Was Reviewed: 1-22-18

What Can We Do To Keep This Accident From Happening Again?

When backing up have a spotter.

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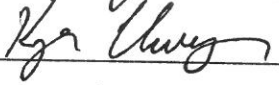
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Signature of Employee: 

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: 

Safety Manager: 

Date of Review: 1-29-18













**Date:** 2-26-18  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation


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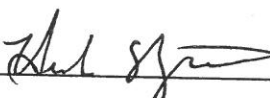
ON FEBRUARY 20, 2018, SCOTT SPEAKS WAS ON BRIARY RD IN LEWIS COUNTY AND WHILE PULLING FORWARD THE TIRE HIT A RUT AND CAUSED THE STEERING WHEEL TO TURN FAST AND TWISTED SHOULDER..

THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS BUT ADVISED IF DRIVING IN ROUGH CONDITIONS TO PUT BOTH HANDS ON THE STEERING WHEEL.

  
\_\_\_\_\_  
Kyle Clewinger, Manager of Operations

  
\_\_\_\_\_  
Nancy Madden, Safety Secretary

  
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Roger Kitchen, Union Representative

  
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Herbie Steagall, Union Representative



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: February 21, 2018

Date of Accident: February 20, 2018

Time of Accident: 10:00 a.m.

Name of Employee: Scott Speaks

Birth Date: [REDACTED]

Date of Hire: 12/23/2003

Hourly Rate of Pay: \$36.14

Drivers' License Number: [REDACTED]

Job Title: Staking Engineer

Location of Accident: Briary Road, Lewis County, KY

Vehicle(s) Involved: 118

Witnesses to the Accident: none

Describe the Accident: pulling forward, tire hit rut, turning steering wheel fast and twisted shoulder

What Equipment Was in Use at the Time of Accident? seat belt

Injuries: twisted or pulled left shoulder

First Aid Given at Scene: none

Physician or Hospital Care: none

Was There a Sketch of Accident Made? no

What Personal Protection Equipment (PPE) Was In Use At Time Of Accident: n/a

First Aid and Accident Report  
Page 2

Were There Any Safety Violations? No

Date of Safety Meeting That the Accident Was Reviewed: 2-26-18

What Can We Do To Keep This Accident From Happening Again?

if driving in rough condition put  
both hands on steering wheel.  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Employee: J Scott Speaks

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: Kyle Cleverly

Safety Manager: Kyle Cleverly


Date of Review: 2-26-18

**Date:** 4-2-18  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation

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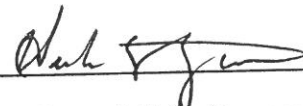
ON MARCH 24, 2018, RICHARD EASTON WAS TRAVELING DOWN HWY 32 SOUTH AND THEN FELT THE TRUCK SLOW DOWN AND NOTICED THAT HE CAUGHT THE PHONE LINES THAT WERE HANGING LOW DUE TO A TREE BREAKING THE TELEPHONE POLE ACROSS THE HIGHWAY. ROADS WERE COVERED WITH ICE AND SNOW AND HE WAS TRAVELING APPROXIMATELY 30 MPH.

THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS BUT ADVISED THAT DURING HEAVY SNOW AND ICE BE AWARE OF THINGS IN ROADWAY HANGING DOWN. IF YOU COME UPONE THIS SECURE SCEEN UNTIL EMERGENCY RESPONSE IS AT LOCATION.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Nancy Madden, Safety Secretary

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Herbie Steagall, Union Representative





GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: March 26, 2018

Date of Accident: March 24, 2018

Time of Accident: 11:00 pm

Name of Operator: Richard Easton

Birth Date: [REDACTED]

Date of Hire: October 02, 1989

Drivers' License Number: [REDACTED]

Job Title: MAINTENANCE LEADMAN

Location of Accident: HWY 32 South, Lawrence Co.

Vehicle(s) Involved: 130—2013 Dodge Bucket

Witnesses to the Accident: Tony Brewer

Describe the Accident— I was traveling down Hwy 32 South and then I felt the truck slow down and noticed that I caught a phone lines that was hanging low due to a tree breaking the telephone pole across the highway. Roads were covered with ice and snow and was traveling approximately 30 mph.

What Equipment Was in Use at the Time of Accident? Seat belts and flashers

Injuries: none

First Aid Given at Scene: none

Physician or Hospital Care: none

Was There a Sketch of Accident Made? no

Safety Equipment In Use At Time Of Accident: yes



First Aid and Accident Report  
Page 2

Were There Any Safety Violations? None

Date of Safety Meeting That the Accident Was Reviewed: 4-2-18

What Can We Do To Keep This Accident From Happening Again?

During heavy snow and ice be aware of things in  
roadway hanging down. If you come upon  
this secure scene until emergency response  
is at location.

Signature of Employee: Richard Easton

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: Kyle Clever

Safety Manager: Kyle Clever

Date of Review: 4-2-18



**Date:** 5-14-18  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation

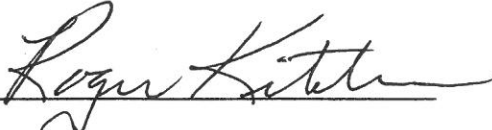
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ON MAY 9, 2018, SHERRY EVELYN BUCKLER, WAS WORKING IN THE FLOWER BED AND STEPPED ON GARDEN TINE IN YARD WHICH PUNCTURED HER FLIP FLOPS AND RIGHT FOOT. WHILE TRYING TO SHAKE OFF TINE, TRIPPED OVER BRICK AND LANDED FLAT ON HER BACK.

THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS BUT ADVISED TO WEAR PROPER FOOT WEAR WHEN WORKING OUTSIDE.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Nancy Madden, Safety Secretary

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Herbie Steagall, Union Representative



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: May 9, 2018

Date of Accident: May 9, 2018

Time of Accident: 11:00 a.m.

Name of Employee: Sherry Evelyn Buckler

Birth Date: [REDACTED]

Date of Hire: 10/03/1988

Hourly Rate of Pay: \$1,506.10 week

Drivers' License Number:

Job Title: Manager of Accounting and Human Resources

Location of Accident: 109 Bagby Park, Grayson, KY 41143

Vehicle(s) Involved: n/a

Witnesses to the Accident: Thomas Barker

Describe the Accident: While working in flower bed, stepped on garden tine in yard which punctured her flip flops and right foot. While trying to shake off tine, tripped over brick and landed flat on her back.

What Equipment Was in Use at the Time of Accident? n/a

Injuries: punctured right foot

First Aid Given at Scene: yes

Physician or Hospital Care: no *yes*

Was There a Sketch of Accident Made? no

What Personal Protection Equipment (PPE) Was In Use At Time Of Accident: n/a

First Aid and Accident Report  
Page 2

Were There Any Safety Violations? <sup>No</sup> ~~No~~ - Should not be working outside  
without proper footwear.

Date of Safety Meeting That the Accident Was Reviewed: 5-14-18

What Can We Do To Keep This Accident From Happening Again?

To wear proper foot wear when working  
outside

Signature of Employee: Sherry T. Buckner

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: i

Safety Manager: Kyle Chyzer

Date of Review: 5-14-18



**Date:** 8-20-18  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation

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ON JULY 20, 2018, CHRIS MOSIER WAS PUTTING ELECTRIC LINE UP, DROPPED GRIP AND IT SLID DOWN BUCKET BOOM AND HIT THE WINDSHIELD, BREAKING IT.

THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS BUT ADVISED TO TRY TO POSITION THE BOOM TO KEEP WORK TO BE PERFORMED FROM OVER TOP OF CAB OF TRUCK.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Nancy Madden, Safety Secretary

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Herbie Steagall, Union Representative



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: July 23, 2018

Date of Accident: July 20, 2018

Time of Accident: 11:00 P.M.

Name of Operator: Chris Mosier

Birth Date: [REDACTED]

Date of Hire: August 26, 2002

Hourly Rate of Pay: \$36.97

Drivers' License Number: [REDACTED]

Job Title: Maintenance Leadman

Location of Accident: Grassy, Grayson, KY

Vehicle(s) Involved: 132

Witnesses to the Accident: Jamey Withrow and Justin Staniford

Describe the Accident: Putting electric line up, dropped grip and it slid down bucket boom and hit the windshield, breaking it.

What Equipment Was in Use at the Time of Accident? yes

Injuries: none

First Aid Given at Scene: none

Physician or Hospital Care: none

Was There a Sketch of Accident Made? No

Safety Equipment In Use At Time Of Accident: hard hats, safety glasses, rubber gloves

First Aid and Accident Report  
Page 2

Were There Any Safety Violations? No

Date of Safety Meeting That the Accident Was Reviewed: 8-20-18

What Can We Do To Keep This Accident From Happening Again?

Try to position the boom to keep work to be performed from over top of cab of truck.

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Signature of Employee: Chris Marcus

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: \_\_\_\_\_

Safety Manager: \_\_\_\_\_

Date of Review: 8-20-18

**Date:** 10-4-18  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation


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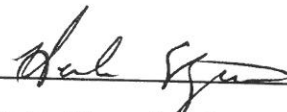
ON SEPTEMBER 26, 2018, RYAN RICE WAS CROWDED BY A TRACTOR TRAILER CAUSING VEHICLE 122'S MIRROR TO TOUCH THE MIRROR OF THE TRACTOR TRAILER.

THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS AND DECIDED THAT NOTHING COULD BE DONE TO AVOID AN ACCIDENT

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Nancy Madden, Safety Secretary

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Herbie Steagall, Union Representative



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: September 26, 2018

Date of Accident: September 26, 2018

Time of Accident: 1:45 p.m.

Name of Employee: Ryan Rice

Birth Date: [REDACTED]

Date of Hire: 5/31/16

Hourly Rate of Pay: \$35.85

Drivers' License Number: [REDACTED]

Job Title: First Class Lineman

Location of Accident: State Route 1 North past North Fork Road ¼ mile

Vehicle(s) Involved: 122

Witnesses to the Accident: no one

Describe the Accident: Tractor trailer crowded vehicle over causing vehicle 122's mirror to touch the mirror of the tractor trailer.

What Equipment Was in Use at the Time of Accident? seatbelt and headlights

Injuries: none

First Aid Given at Scene: none

Physician or Hospital Care: none

Was There a Sketch of Accident Made? no

What Personal Protection Equipment (PPE) Was In Use At Time Of Accident: n/a

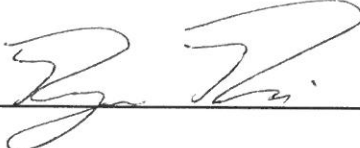
First Aid and Accident Report  
Page 2

Were There Any Safety Violations? No

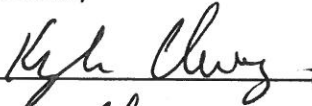
Date of Safety Meeting That the Accident Was Reviewed: 10-2-18

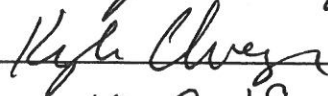
What Can We Do To Keep This Accident From Happening Again?

He did the best he could to avoid  
an accident. Nothing could be done to  
avoid accident

Signature of Employee: 

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: 

Safety Manager: 

Date of Review: 10-2-18




**Date:** 10-29-18  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation

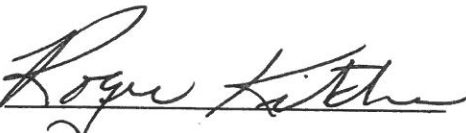
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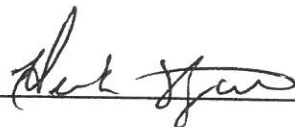
ON SEPTEMBER 25, 2018, STEVE BUSH WENT TO A CONSUMER'S HOUSE THAT HAD BEEN DISCONNECTED FOR DELINQUENT BILL. WHEN THE BILL WAS PAID THE CONSUMER'S METER DID NOT CONNECT, SO STEVE BUSH WENT TO CHECK THE METER. AS HE WAS PULLING UP THE DRIVEWAY TWO DOGS CAME OFF THE PORCH AND ONE DOG RAN INTO THE TIRE OF STEVE'S TRUCK.

THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS AND SUGGESTED IF YOU SEE A DOG OR ANIMAL AT LOCATION BE MORE OBSERVANT AND CAUTIOUS.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Mike Martin, Assistant Manager of Operations

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Herbie Steagall, Union Representative

  
\_\_\_\_\_  
Nancy Lea Madden, Division Assistant of Operations



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: September 25, 2018

Date of Accident: September 25, 2018

Time of Accident: 2:00 p.m.

Name of Employee: Steve Bush

Birth Date: [REDACTED]

Date of Hire: 09/17/2004

Hourly Rate of Pay: \$

Drivers' License Number: [REDACTED]

Job Title: First Class Meterman

Location of Accident: State Route 7 South, ¼ mile on right, white house at top of driveway on bank

Vehicle(s) Involved: 155

Witnesses to the Accident: Felicia Elliott and Abraham Hernandez

Describe the Accident: Consumer was disconnected for delinquent bill. When bill was paid consumer's meter did not connect, so Steve Bush went to check the meter. As he was pulling up the driveway two dogs came off the porch and one dog ran into the tire of Steve's truck.

What Equipment Was in Use at the Time of Accident? seat belt

Injuries: dog was hit

First Aid Given at Scene: none

Physician or Hospital Care: Bluegrass Animal Clinic

Was There a Sketch of Accident Made? no

What Personal Protection Equipment (PPE) Was In Use At Time Of Accident: n/a

First Aid and Accident Report  
Page 2

Were There Any Safety Violations? (No)

Date of Safety Meeting That the Accident Was Reviewed: 10-29-18

What Can We Do To Keep This Accident From Happening Again?

if you see a dog or animal be more observant  
and cautious

Signature of Employee: Steve Bush

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: Brian Poling

Safety Manager: Kyle Unger

Date of Review: 10-29-18

**Date:** 12-12-18  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation

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ON DECEMBER 6, 2018, PRISCILLA SPARKS STEPPED IN SHOWER THAT WAS SLICK, SLIPPED AND FELL OUT OF THE TUB HITTING THE COMMUNE AND FLOOR.

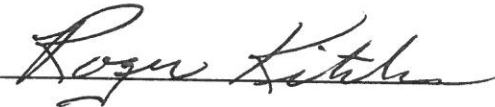
THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS AND SUGGESTED IF AVAILABLE USE HAND RAIL FOR THE SHOWER AND MAKE SURE TO ASK FOR A RUBBER MAT FOR BATH TUB.



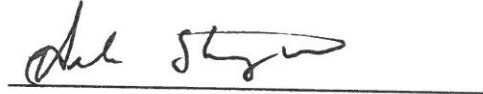
Kyle Clevenger, Manager of Operations



Mike Martin, Assistant Manager of Operations



Roger Kitchen, Union Representative



Herbie Steagall, Union Representative



Nancy Lea Madden, Division Assistant of Operations



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: 12-7-18

Date of Accident: 12-6-18

Time of Accident: 6:45 AM

Name of Operator: PRISCILLA SPARKS

Birth Date: [REDACTED]

Date of Hire: 1-31-1989

Drivers' License Number: [REDACTED]

Job Title: EXECUTIVE ASSISTANT

Location of Accident: MARRIOTT GRIFFIN GATE HOTEL, LEXINGTON, KY

Vehicle(s) Involved: NONE

Witnesses to the Accident: NONE

Describe the Accident— STEPPED IN SHOWER THAT WAS SLICK, SLIPPED AND FELL OUT OF THE TUB HITTING THE COMMODE AND FLOOR

What Equipment Was in Use at the Time of Accident? N/A

Injuries: LEFT HIP AND ARM AND FACE – LEFT SIDE OF BODY RECEIVED THE IMPACT. BRUISED BAD ON THE LEFT WRIST/ARM AREA, HIP AREA, AND SORE IN HEAD, NECK, ARMS, BACK, HIP AND LEGS AREAS.

First Aid Given at Scene: NONE

Physician or Hospital Care: NONE

Was There a Sketch of Accident Made? NO

Safety Equipment In Use At Time Of Accident: N/A





First Aid and Accident Report  
Page 2

Were There Any Safety Violations?

Date of Safety Meeting That the Accident Was Reviewed: 12-12-18

What Can We Do To Keep This Accident From Happening Again?

if available use hand rail for shower  
and make sure to ask for rubber mat  
for bathtub.

Signature of Employee: Piscine Sparks

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: \_\_\_\_\_

Safety Manager: \_\_\_\_\_

Date of Review: 12-12-18



**Date:** 12-12-18  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation


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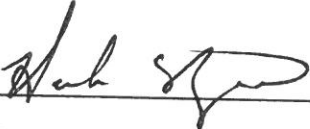
ON DECEMBER, 3, 2018, MIKE BLEVINS WAS GOING AROUND A CURVE AND THERE WERE TWO DEER IN THE ROAD; ONE LEFT THE ROAD AND ONE RAN INTO THE FRONT CORNER OF THE DRIVER'S SIDE.

THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS AND SUGGESTED TO BE AS OBSERVANT AS POSSIBLE.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Mike Martin, Assistant Manager of Operations

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Herbie Steagall, Union Representative

  
\_\_\_\_\_  
Nancy Lea Madden, Division Assistant of Operations



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: December 3, 2018

Date of Accident: December 3, 2018

Time of Accident: 7:10 a.m.

Name of Employee: Mike Blevins

Birth Date: [REDACTED]

Date of Hire: 02/04/1991

Hourly Rate of Pay: \$37.22

Drivers' License Number: [REDACTED]

Job Title: First Class Lineman

Location of Accident: State Route 7 past Ralph Hall's residence in the curve

Vehicle(s) Involved: 119

Witnesses to the Accident: no one

Describe the Accident: going around a curve and two deer in the road; one left the road and one ran into the front corner of the driver's side

What Equipment Was in Use at the Time of Accident? seat belt and headlights

Injuries: none

First Aid Given at Scene: none

Physician or Hospital Care: none

Was There a Sketch of Accident Made? no

What Personal Protection Equipment (PPE) Was In Use At Time Of Accident: n/a

First Aid and Accident Report  
Page 2

Were There Any Safety Violations? No

Date of Safety Meeting That the Accident Was Reviewed: 12-12-18

What Can We Do To Keep This Accident From Happening Again?

Be as observant as possible  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Employee: Michael Blewett

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: \_\_\_\_\_

Safety Manager: \_\_\_\_\_

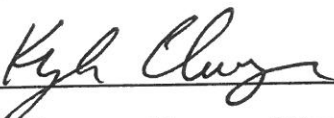
Date of Review: 12-12-18

**Date:** 4-29-19  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation


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ON APRIL 14, 2019, MIKE BLEVINS WAS PULLING A TREE OFF LINE AFTER IT HAD BEEN CUT AND A SMALL LIMB BROKE AND THRU HIM OVER THE HILL AND LANDED ON LEFT SIDE, SHOULDER AND FACE.

THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS AND SUGGESTED TO TRY TO USE HANDLINES OR ROPE WHEN POSSIBLE TO GET TREE OFF LINE OR MOVING OUT OF THE WAY. PROBABLY WOULD BE BETTER TO HAVE SOMEONE WITH YOU.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Mike Martin, Assistant Manager of Operations

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Herbie Steagall, Union Representative

  
\_\_\_\_\_  
Nancy Lea Madden, Division Assistant of Operations





GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: 4-15-19

Date of Accident: 4-14-19

Time of Accident: 8:05 PM

Name of Operator: MIKE BLEVINS

Birth Date: [REDACTED]

Date of Hire: 2-4-1991

Drivers' License Number: [REDACTED]

Job Title: MAINTENANCE LEADMAN

Location of Accident: LAUDER LANE OFF MILL BR

Vehicle(s) Involved: 2017 DODGE 550 (BUCKET)

Witnesses to the Accident: NO

Describe the Accident— Pulling a tree off line after it had been cut and a small limb broke and thru him over the hill and landed on left side, shoulder and face.

What Equipment Was in Use at the Time of Accident? None

Injuries: Left side, Shoulder and face

First Aid Given at Scene: No

Physician or Hospital Care: No

Was There a Sketch of Accident Made? No

Safety Equipment In Use At Time Of Accident: Hard Hat, safety glasses, and leather gloves to pull tree off



First Aid and Accident Report  
Page 2

Were There Any Safety Violations? no

Date of Safety Meeting That the Accident Was Reviewed: 4-29-19

What Can We Do To Keep This Accident From Happening Again?

Try to use handlines or rope when possible  
to get tree off line or moving out of way.  
Probably would be better to have someone  
with you.

Signature of Employee: Michael Blaw

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: \_\_\_\_\_

Safety Manager: Kyle Clary

Date of Review: 4-29-19



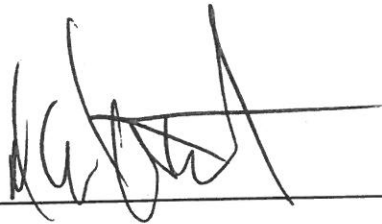
**Date:** 4-29-19  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation

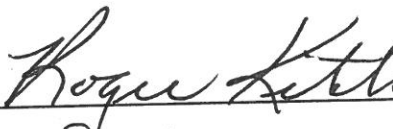
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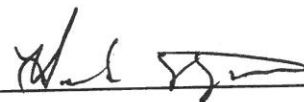
ON APRIL 9, 2019, BRADLEY CHERRY WAS BACKING UP HILL AND SCRAPED LEFT FENDER ON THE RETAINING WALL.

THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS AND SUGGESTED THAT BEFORE BACKING UP MAKE SURE YOU LOOK THRU ALL MIRRORS AND WATCH YOUR SURROUNDINGS. IF POSSIBLE A WALK AROUND WOULD BE SUGGESTED.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Mike Martin, Assistant Manager of Operations

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Herbie Steagall, Union Representative

  
\_\_\_\_\_  
Nancy Lea Madden, Division Assistant of Operations



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: Bradley Cherry

Date of Accident: 04/09/2019

Time of Accident: 2:54 p.m.

Name of Operator: Bradley Cherry

Birth Date: [REDACTED]

Date of Hire: January 17, 2011

Hourly Rate of Pay: \$

Drivers' License Number: [REDACTED]

Job Title: CFO

Location of Accident: 109 Bagby Park Grayson KY

Vehicle(s) Involved: 5

Witnesses to the Accident: none

Describe the Accident: Backing up hill, left fender scraped retaining wall.

What Equipment Was in Use at the Time of Accident? Ford Explorer

Injuries: none

First Aid Given at Scene: none

Physician or Hospital Care: none

Was There a Sketch of Accident Made? no

Safety Equipment In Use At Time Of Accident: seatbelt





First Aid and Accident Report  
Page 2

Were There Any Safety Violations? No

Date of Safety Meeting That the Accident Was Reviewed: 4-29-19

What Can We Do To Keep This Accident From Happening Again?

Before backing up make sure you look  
thru all mirrors and watch your surroundings.  
If possible a walk around would be  
suggested.

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

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: \_\_\_\_\_

Safety Manager: Kyle Clewys

Date of Review: 4-29-19




**Date:** 6-24-19  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation

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ON MAY 28, 2019, MARK HUTCHINSON WALKED UP THE STAIRS AND SOMETHING POPPED IN HIS ANKLE.

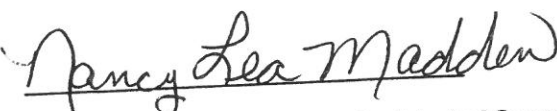
THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS AND SUGGESTED TO USE HANDRAILS IN CASE THEY ARE NEEDED.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Mike Martin, Assistant Manager of Operations

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Scott McGuire, Union Representative

  
\_\_\_\_\_  
Nancy Lea Madden, Division Assistant of Operations



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: Mark Hutchinson

Date of Accident: 05/28/2019

Time of Accident: 1:30 p.m.

Name of Operator: Mark Hutchinson

Birth Date: [REDACTED]

Date of Hire: 01/27/1997

Hourly Rate of Pay: \$

Drivers' License Number: [REDACTED]

Job Title: Maintenance Leadman

Location of Accident: 109 Bagby Park Grayson KY 41143

Vehicle(s) Involved: 0

Witnesses to the Accident: none

Describe the Accident: walked up the stairs and something popped in his ankle

What Equipment Was in Use at the Time of Accident? None

Injuries: left ankle, sore

First Aid Given at Scene: nothing

Physician or Hospital Care: none

Was There a Sketch of Accident Made? no

Safety Equipment In Use At Time Of Accident: none

First Aid and Accident Report  
Page 2

Were There Any Safety Violations? No

Date of Safety Meeting That the Accident Was Reviewed: 7-1-19

What Can We Do To Keep This Accident From Happening Again?

Use handrails in case  
they are needed

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

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: Kyle Chavez

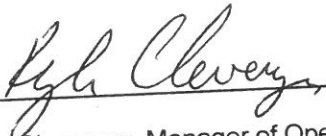
Safety Manager: Kyle Chavez

Date of Review: 6-24-19

**Date:** 6-24-19  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation


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ON MAY 15, 2019, RICHARD EASTON RECEIVED A TICK BITE  
THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS AND SUGGESTED TO  
USE THE TICK SPRAY WHEN EVER POSSIBLE.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Mike Martin, Assistant Manager of Operations

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Scott McGuire, Union Representative

  
\_\_\_\_\_  
Nancy Lea Madden, Division Assistant of Operations





GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: Richard Easton

Date of Accident: 05/15/19

Time of Accident: 1 p.m.

Name of Operator: Richard Easton

Birth Date: [REDACTED]

Date of Hire: 10/1989

Hourly Rate of Pay: \$

Drivers' License Number: [REDACTED]

Job Title: Maintenance Leadman

Location of Accident: Christy Creek, Morehead

Vehicle(s) Involved: 0

Witnesses to the Accident: none

Describe the Accident: Tick bite.

What Equipment Was in Use at the Time of Accident?

Injuries: tick bite.

First Aid Given at Scene: alcohol swab from first aid kit

Physician or Hospital Care: none

Was There a Sketch of Accident Made? no

Safety Equipment In Use At Time Of Accident: none

First Aid and Accident Report  
Page 2

Were There Any Safety Violations? No

Date of Safety Meeting That the Accident Was Reviewed: 7-1-19

What Can We Do To Keep This Accident From Happening Again?

Use handrails in case  
they are needed  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: Kyle Chvey

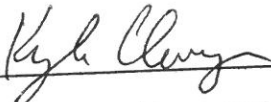
Safety Manager: Kyle Chvey

Date of Review: 6-24-19

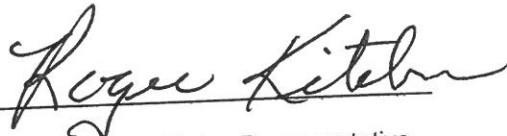
**Date:** 7-17-19  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation

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ON JULY 1, 2019, CAROL ANN FRALEY PULLED INTO ON COMING TRAFFIC  
THE SAFETY COMMITTEE MET AND SUGGESTED TO PAY MORE ATTENTION AND BE AWARE  
OF YOUR SURROUNDINGS.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Mike Martin, Assistant Manager of Operations

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Nancy Lea Madden, Division Assistant of Operations



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: 07/01/2019

Date of Accident: 07/01/20019

Time of Accident: 5:54 p.m.

Name of Operator: Carol Fraley

Birth Date: [REDACTED]

Date of Hire: 07/02/1979

Hourly Rate of Pay: \$

Drivers' License Number: [REDACTED]

Job Title: President & CEO

Location of Accident: Carol Malone Blvd, Grayson

Vehicle(s) Involved: Terrain

Witnesses to the Accident: numerous

Describe the Accident: Was pulling out of McDonald's onto Carol Malone heading North to Greenup, attempting to move to the right lane to turn into Wendy's. Struck by the driver of a truck in the right lane.

What Equipment Was in Use at the Time of Accident? n/a

Injuries: n/a

First Aid Given at Scene: n/a

Physician or Hospital Care: n/a

Was There a Sketch of Accident Made? no

What Personal Protection Equipment (PPE) Was In Use At Time Of Accident: seat belt



First Aid and Accident Report  
Page 2

Were There Any Safety Violations? no

Date of Safety Meeting That the Accident Was Reviewed: 7-17-19

What Can We Do To Keep This Accident From Happening Again?

Needs to pay more attentions and  
be aware of surroundings

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

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: High Choy

Safety Manager: High Choy

Date of Review: 7-17-19





**Date:** 7-17-19

**To:** Carol Ann Fraley, President & CEO


**From:** The Safety Committee

**RE:** Safety Investigation


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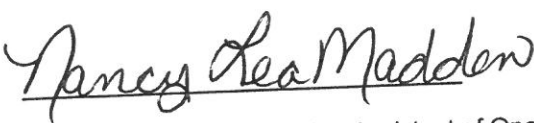
ON JUNE 14, 2019, DONNIE MARTIN RECEIVED A TICK BITE

THE SAFETY COMMITTEE MET AND FOUND NO SAFETY VIOLATIONS AND SUGGESTED TO USE THE TICK SPRAY WHEN EVER POSSIBLE. AND CHECK YOURSELF FRENQUENTLY.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Mike Martin, Assistant Manager of Operations

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Nancy Lea Madden, Division Assistant of Operations



GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

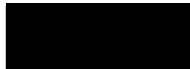
Date Accident Reported: Donald Martin

Date of Accident: 06/14/19

Time of Accident: N/A

Name of Operator: N/A

Birth Date:



Date of Hire: 08/01/1994

Drivers' License Number:



Job Title: GROUNDMAN

Location of Accident: N/A

Vehicle(s) Involved:

Witnesses to the Accident:

Describe the Accident:

What Equipment Was in Use at the Time of Accident?

Injuries: TICK BITE

First Aid Given at Scene: ALCOHOL PREPS AND OINTMENT

Physician or Hospital Care:

Was There a Sketch of Accident Made?

Safety Equipment In Use At Time Of Accident:



First Aid and Accident Report  
Page 2

Were There Any Safety Violations? No

Date of Safety Meeting That the Accident Was Reviewed: 7-17-19

What Can We Do To Keep This Accident From Happening Again?

Suggested to use tick spray  
When ever possible and check  
yourself frequently.

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

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: Kyle Chavez

Safety Manager: Kyle Chavez

Date of Review: 7-17-19




**Date:** 7-17-19  
**To:** Carol Ann Fraley, President & CEO  
**From:** The Safety Committee  
**RE:** Safety Investigation


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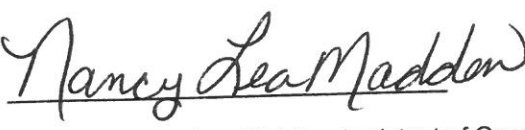
ON JUNE 6 2019, RICHARD EASTON BACKED INTO A MAILBOX.

THE SAFETY COMMITTEE MET AND SUGGESTED THAT RICHARD SHOULD HAVE HAD TONY BREWER AS A SPOTTER.

  
\_\_\_\_\_  
Kyle Clevenger, Manager of Operations

  
\_\_\_\_\_  
Mike Martin, Assistant Manager of Operations

  
\_\_\_\_\_  
Roger Kitchen, Union Representative

  
\_\_\_\_\_  
Nancy Lea Madden, Division Assistant of Operations





GRAYSON RURAL ELECTRIC  
COOPERATIVE CORPORATION  
First Aid and Accident Report

Date Accident Reported: 6/14/19

Date of Accident: 6/6/19

Time of Accident: 9-9:30 p.m.

Name of Operator: Richard Easton

Birth Date:

Date of Hire:

Hourly Rate of Pay: \$

Drivers' License Number:

Job Title: Maintenance Leadman

Location of Accident: Oak Grove Road

Vehicle(s) Involved: Bucket Truck

Witnesses to the Accident: Tony Brewer

Describe the Accident: Backed truck into a mail box

What Equipment Was in Use at the Time of Accident? Seat belt

Injuries: n/a

First Aid Given at Scene: n/a

Physician or Hospital Care: n/a

Was There a Sketch of Accident Made? no

What Personal Protection Equipment (PPE) Was In Use At Time Of Accident: n/a



First Aid and Accident Report  
Page 2

Were There Any Safety Violations?

Date of Safety Meeting That the Accident Was Reviewed: 7-17-19

What Can We Do To Keep This Accident From Happening Again?

Suggested to have had Tony Brewer  
as a spotter

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

Signature of Employee: \_\_\_\_\_  
(more than one employee involved)

Signature of Supervisor: Ryan Chavez

Safety Manager: Ryan Chavez

Date of Review: 7-17-19



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408900 TREATED MAILBOX POST	34.98
222710 QUIKRETE 50-LB CONCRETE M	7.16
2 @ 3.58	

SUBTOTAL:	42.14
TAX:	2.53
INVOICE 02831 TOTAL:	44.67
VISA:	44.67



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STORE MANAGER: PETE PENICHER

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 \*\*\*\*\*  
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