

OKLAHOMA DEPARTMENT OF LABOR

409 NE 28th St, 3rd Floor Oklahoma City, OK 73105 405-521-6100/888-269-5353

F		will remain conf		personal knowledge. All infor	
INCIDENT INFORMATION					
Type of Alternative Fuel Involved: CNG LNG L		□ LPG □ EV	☐ Othe	er	
Date of Incident:					
Address of Incident Witnessed:					
City: State:		Zip Code:		County:	
Name of Business Involved:			Phone # (if known): ()	
Name of Individuals and/or Technicia	ans Involved (if known):			Phone # (if known): ()
Name of Individuals and/or Technicians Involved (if known):				Phone # (if known): ()
CONTACT INFORMATION (O	PTIONAL)				
our Name:					
Contact Phone #: ()		Email A	ddress:		
Description of Incident		<u> </u>			
, 					
OR OFFICE USE ONLY					
The Department of Labor will not d ndividual or group because of race	e, sex, religion, age, national	Date Assigned	i:	Assigned To:	
origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the		Initials:	cials: Close Out Dat		
Americans with Disabilities Act, you to this agency.	ı may make your needs know	/n			