

Name Listed on Incident Report _____ Report Number _____
Type of Incident _____ Location of Accident/Incident _____

Guest	Employee	Witness
Name of person providing this statement _____		
Physical Address _____		
City, State _____	Zip Code _____	
Mailing Address _____		
City, State _____	Zip Code _____	
Home Phone _____	Cell Phone _____	
Date of Birth _____		
Caesars Rewards # _____	Driver's License # & State _____	
*** Employees Only ***		
Your Position\ Title <u>Ft TABLE Games Dealer</u> Department _____		
Name of Supervisor <u>ENRIQUE HORNEO</u> Phone Number <u>828-301-3658</u>		
Scheduled Shift you work <u>SWING</u> Days off work <u>wed/Thur</u> Employee ID Number <u>332679</u>		

Details at around 11:30 PM EST ALARM sounded, ~~the~~ CASINO
Speakers and Intercom System ordered for all guests
and employees to evacuate. As I proceeded to
pull my lid and secure my game, Supervisor
ENRIQUE HORNEO told all the dealers to continue
to deal. AS per Training Videos that we are required
to do yearly. we ARE required to evacuate. Enrique
put ~~at~~ his dealers and guests at risk. As A Veteran
with disability this I felt was unprofessional, and is
AN occupational Safety and Health Administration violation
~~is~~ SUPERVISOR KIM REICH is my witness ~~and~~.
TABLE # 627 was where this took place

I fully understand that I must report this incident and have prior approval before seeking medical care. If I refuse medical care at this time, I understand that I must contact Risk Management at 828-497-8743 to ensure appropriate documentation.

I have read this statement consisting of _____ page(s) and I affirm to the truth and accuracy of the facts contained herein. This statement was completed at (Location) Pit 6 on the 08 day of FEBRUARY at 131 AM/PM, 2021.

KIM REICH
Witness

[Signature] # 332679
Signature of Individual Providing Statement