

CUSTOMER ACCIDENT/INCIDENT REPORT

Policy #: _____

Date of Report: _____ Store Name: _____
Address: _____ Phone Number _____

GENERAL INFORMATION

Date of Accident: _____ Exact Time of Accident: _____ A.M./P.M.
Name of Manager on duty at time of accident: _____
Name of Store Employee who completed this report: _____
1. Did you witness accident/incident? Yes No
2. If not, who informed you of the accident? _____
Outside weather conditions: (circle all that apply): Clear, Cloudy, Raining, Snowing, Windy, Light, Dark
Other _____
Exact location of accident/incident at store _____
Description of Accident or Incident: _____

Name, address, phone and/or website of manufacturer or supplier of product, equipment, merchandise involved: _____

***** PLEASE SAVE THE PRODUCT OR EQUIPMENT FOR FURTHER INVESTIGATION *****

Did you inspect location immediately after accident/incident? Yes No
Exact Time of inspection: _____ Number of photographs taken of location: _____
Was location clean? Yes No Dry? Yes No
Any signs posted? _____
When was the last time the area was cleaned? _____ By whom? _____
When was the last time the area was checked? _____ By whom? _____
Describe lighting conditions: _____

INJURED PERSON INFORMATION

Name of person injured: _____
Home Address: _____
Home Phone #: _____ Age or Date of Birth: _____
Name of Employer: _____ SS # _____
Occupation: _____
Work Phone #: _____
Was injured person wearing glasses? _____
Type of footwear injured person was wearing: _____
Describe Injury: _____

Describe medical care at scene & name of doctor, hospital or clinic: _____

Where taken and how? _____

Name of injured person's companion, if any: _____
Address: _____
Home Phone #: _____

Witnesses, if any:
Name: _____ Name: _____
Address: _____ Address: _____
Phone #: _____ Phone #: _____