

REPORT OF CUSTOMER INJURY

INJURED PERSON

Name: _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone #: _____ Mobile Phone #: _____

Nature of Injury

Medical Treatment Provided

ACCIDENT INFORMATION

Time: _____ Date: _____ Location: _____

Condition of Accident Location:

Description of Accident

Probable Cause of Accident

Property Damage

WITNESSES

1. Name: _____ Phone #: _____

Address: _____

2. Name: _____ Phone #: _____

Address: _____

3. Name: _____ Phone #: _____

Address: _____

Report completed by: _____ Date: _____