

Customer Injury & Building Damage Report

	<p>Store Number: _____</p> <p>Owner/Operator Name: _____</p> <p>Date of Accident/Incident: / / Time: _____</p> <p>Location: _____</p>
Customer Information	<p>Customer Name: _____</p> <p>Customer Address: _____</p> <p>City: _____ State: ____ Zip: _____</p> <p>Home Ph: _____ Work Ph: _____ Cell Ph: _____</p> <p>Occupation: _____ Date of Birth: / /</p>
Incident Information	<p>Detailed description of Accident/Incident:</p> <p>Location of Injury:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If a slip and fall due to wet mopped floor, was "Caution. Wet Floor" sign used?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was medical attention necessary? If Yes, what, where and how was treatment received?</p>
Witness Information	<p>Witness 1 Name: _____</p> <p> Address: _____</p> <p> Phone: _____ Cell Phone: _____</p> <p>Witness 2 Name: _____</p> <p> Address: _____</p> <p> Phone: _____ Cell Phone: _____</p>
If Vehicle was involved	<p>Owner: Name: _____</p> <p> Address: _____</p> <p> Phone: _____ Cell Phone: _____</p> <p>Witness Name: _____</p> <p> Address: _____</p> <p> Phone: _____ Cell Phone: _____</p> <p>License Plate No:</p> <p>Driver's License No:</p> <p>Insurance Company:</p>

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Additional Comments:

Form completed by:

Name: _____

Title: _____

Phone: _____

Date: / /