



American Dream Restaurants LLC

Instructions: This form must be completed by the store manager as soon as an accident/incident occurs with a patron. The assistant manager or authorized designate for the store will be responsible for completing this form in the absence of the store manager. The store manager must ensure a copy of the completed report is forwarded to the District Manager and Safety Manager (Safety@ADPhut.com)

Customer Accident/Incident Report

Today's Date: _____

Date of Incident: _____

Time of Incident: _____ AM/PM

Store # and Address: _____

Name & title of employee completing form: _____

1. Did you witness the accident/incident? **Yes** / **No**

2. If not, who informed you of the accident? _____

• Exact location of accident/incident at store: _____

• Description of accident/incident: _____

• Outside weather conditions (circle all that apply):

Clear **Cloudy** **Rain** **Snow** **Windy** **Light** **Dark**

Other: _____

• Inside store conditions (circle all that apply):

Wet **Dry** **Clean** **Dirty** **Crowded** **Open Area** **Dim/Dark** **Light**

Other: _____

• Was there signage posted? **Yes** / **No**

Did you inspect the location of the accident/incident immediately after? **Yes** / **No**

Exact Time of Inspection: _____ AM / PM # of Photographs taken of location: _____

When was the last time the area was cleaned? _____ AM / PM By: _____

When was the last time the area was checked? _____ AM / PM By: _____



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INJURED PERSON INFORMATION

Name of Person Injured: _____

Home Address: _____

Best Phone #: _____

Age or Date of Birth: _____

Was the injured person wearing glasses: Yes / No

Type of footwear person was wearing: _____

Describe injury: _____

Describe medical care at scene (if any): _____

Emergency Contact Information:

Name: _____

Number: _____

Relation: _____

Witness:

• Name: _____

Number: _____

Address: _____

• Name: _____

Number: _____

Address: _____

Signatures:

Supervisor Name _____

Sign/Date: _____

Customer Name _____

Sign/Date: _____

Manager/Employee: _____

Sign/Date: _____

Safety Representative: _____

Sign/Date: _____