LifeStyles STORES, INC.

# INCIDENT REPORT FORM

This form is to be filled out by LifeStyles Stores Personnel immediately after any incident occurs.

**Date of Incident** _____

**Time of Incident:** _____

**Location / Division**
Address:
Business Phone
Fax

**Area Of Business That Incident Occurred:**

**Description Of Incident: (Continue on Separate Page if Necessary)**

**Name Of Affected Party(s)**
Address
Home Phone
Cell Phone
Email

**Witness(es)**
Address
Home Phone
Cell Phone
Email

**Are Affected Parties or Witnesses Employed by LifeStyles Stores, Inc. Specify:**

Photographs Taken? Yes No
Police or Medical Report Attached? Yes No

Please complete this document in it's entirety and forward to LifeStyles Stores Corporate Offices

Director of Operations
1801 W. 33rd Street
Edmond, OK. 73013
Phone (405) 348-7420
Fax (405) 348-2850

This document serves only as a notice that an incident has occurred and provides relevant details of said incident. It does not imply cause or responsibility by any involved party. LifeStyles Stores, Inc will take appropriate action on any incident as needed pending complete investigation.

Form Distribution: Store File, Corporate Office, and Affected Party(s)

Signatures

_____ LifeStyles Stores Personnel

_____ Affected Party(s)