

ACCIDENT/INCIDENT REPORT FORM (OTHER THAN AUTO)

Client Company Name: _____

Address: _____

Main Point of Contact: _____ Phone: _____

Email: _____

TYPE OF INCIDENT:

Injury to Person (non-employee)

Damage to Company Property

Damage to Other's Property

DATE OF INCIDENT:

Time: _____ Weather Conditions: _____

Location of Accident/Incident: _____

Photos Attached? Yes No Will follow-up

Manager on Duty: _____ Phone: _____

Employee First Notified: _____ Phone: _____

Police/Fire/Ambulance Department Name: _____

What happened? _____

Name of person that alerted you of the incident: _____ Phone: _____

INJURY to PERSON (non-employee)

Name of Injured Person: _____ Phone: _____

Address: _____

Approximate Age of Injured Person: _____

Any observable Previous Health Issues? No Yes

If yes, describe: _____

Was Medical Attention sought? No Yes When: _____

What is the Injury? _____

PROPERTY DAMAGE

What was damaged? _____ Owner: _____ Phone: _____

Estimated Cost of Damage: \$ _____

WITNESSES

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____