

ACCIDENT / INJURY REPORT

PLACE OF ACCIDENT

Business Name: _____
Contact Person: _____ Phone: _____
Address/Location: _____
Date of Accident: _____
Specific Site of Accident: _____
Time of Day: _____ Lighting: _____ Weather: _____
Condition of Accident Site/Hazards Present: _____

PERSONS INJURED

Name: _____ Phone: (H) _____
DOB: _____ SSN: _____ (W) _____
Address: _____
Description of Injured Party (height, weight, clothes, shoes, glasses, disabilities, etc.) _____
Nature and Extent of Injury: _____
Medical Aid Offered or Rendered: _____

PROPERTY DAMAGE

Nature and Extent: _____
Persons Involved: _____
Address: _____ Phone: _____
Date of Incident: _____

DESCRIPTION OF ACCIDENT

IMPORTANT: NAMES & ADDRESSES OF WITNESS

Name: _____	Address: _____	Phone: _____
Name: _____	Address: _____	Phone: _____
Name: _____	Address: _____	Phone: _____

Person Completing Report: _____
Date of Report: _____

Any person who, with the intent to injure, defraud or deceive any insurance company, submits a statement of claim containing false, incomplete or misleading information may be subject to criminal and/or civil penalties.

Ri Accicent Report Form

Chao Zhang

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the name bar.

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