

# PUBLIC INCIDENT REPORT

**IMPORTANT: THIS FORM MUST BE COMPLETED IN FULL – PROVIDE ALL INFORMATION REQUESTED**

## LOCATION ADDRESS

Store: \_\_\_\_\_ Location Code: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**INCIDENT REPORT ONLY:** IF CHECKED, DO NOT CONTACT CLAIMANT AT THIS TIME; NO APPARENT INJURY

**PERSONAL INJURY**     **PROPERTY DAMAGE ONLY;** APPROXIMATE COST TO REPAIR/REPLACE \$ \_\_\_\_\_

## TIME & PLACE OF ACCIDENT

Accident Date \_\_\_\_\_ Time \_\_\_\_\_ A.M./P.M. Day of Week \_\_\_\_\_

Date Reported \_\_\_\_\_ Time \_\_\_\_\_ A.M./P.M. Day of Week \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

## CUSTOMER INFORMATION:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ If married, Spouse's name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Comment on following: Wearing Glasses (tinted/shaded), Type shoes, cane, crutches, Carrying Bundles, Pushing Cart, etc. \_\_\_\_\_

**DESCRIPTION OF ACCIDENT REPORT:** \_\_\_\_\_

**INJURIES CLAIMED:** \_\_\_\_\_

**MEDICAL TREATMENT SOUGHT?** (If so, where?) \_\_\_\_\_

**INJURED PERSONS COMMENTS & ATTITUDE :** \_\_\_\_\_

**SCENE OF ACCIDENT:** Describe scene (if slipped on substance, any footprint or skid mark in substance? Any substance on customer? \_\_\_\_\_

Weather \_\_\_\_\_ (rain, ice, snow, sunny) Daylight/Dark \_\_\_\_\_

Photos Taken? \_\_\_\_\_ By Whom: \_\_\_\_\_ Date: \_\_\_\_\_ Time photos were taken: \_\_\_\_\_ a.m. / p.m.

Wet floor signs?  Yes  No Mats?  Yes  No Other? \_\_\_\_\_

Was lot/walkway shoveled, plowed and/or salted?  Yes  No Contract Plowing?  Yes  No

Aisle Inspection Sheet Attached?  Yes  No

**ADDITIONAL COMMENTS:** \_\_\_\_\_

## WITNESSES:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  Cust.  Employee

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  Cust.  Employee

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  Cust.  Employee

**FORM COMPLETED BY:** \_\_\_\_\_ **DATE :** \_\_\_\_\_