

1012 - Accident Reports – Customer

Date of Report _____

Location: _____ Mansfield _____ Logansport _____ Pelican _____ Stonewall

Patron's Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Inside / Outside Building _____

Date of Injury _____ Time _____

Place of Injury

Exact location (YA area, parking lot, etc.) _____

Describe accident fully. (Be specific. Tell what happened and why it happened. Give full information on all factors that led or contributed to the injury. Indicate person(s) who were nearby or observed accident. Use additional page if necessary.)

Describe nature and location of injury fully. (Include parts of body affected.)

Did injury occur because of mechanical defect? Yes ___ No ___ Unsafe act? Yes ___ No ___

Attending physician and address (Indicate if hospital involved.)

Person Completing This Report _____ Position _____

Employee Signature _____ Date _____