



## Customer Injury Incident Report

Date of Injury: \_\_\_\_\_  
Date of Report: \_\_\_\_\_  
Location of Injury: \_\_\_\_\_  
Customer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Time of Injury: \_\_\_\_\_ AM or PM  
Time of Report: \_\_\_\_\_ AM or PM  
Manager on Duty: \_\_\_\_\_  
Customer Date of Birth: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_

Description of Accident: \_\_\_\_\_  
\_\_\_\_\_

Description of Injury: \_\_\_\_\_  
\_\_\_\_\_

Did an accident occur involve the customer's vehicle? If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Cause of accident; \_\_\_\_\_

Condition of Vehicle: \_\_\_\_\_

Was customer driving? \_\_\_\_\_ If not who: \_\_\_\_\_

Did the customer require medical attention? \_\_\_\_\_ If yes, name of medical facility \_\_\_\_\_

Were the Police called? \_\_\_\_\_ If yes; which district prepared the report? \_\_\_\_\_

Officer Name: \_\_\_\_\_ and/or Badge Number: \_\_\_\_\_

Customer's drivers license #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Expiration date: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model of Vehicle: \_\_\_\_\_ Year of Vehicle: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported by: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

*If addition space is needed please attach second page*