

Accident/Incident Report

Date of incident _____ Time of incident _____

Name of person involved _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Location of incident _____

Description of injury _____

Has medical assistance been requested? _____ If so, was it provided? _____

Was the person taken to the hospital? _____ Which one? _____

Was a machine involved? _____ If so, which one _____

Description of incident in detail _____

Has the owner been notified? _____ If so, when? _____

Has the insurance company been notified? _____

Was there a police report filed? _____

Additional Information _____

Signature of injured party _____ Date _____

Signature of store representative _____ Date _____