



REPORT OF ACCIDENT INVOLVING THE PUBLIC

This form must be prepared immediately and maintained in the management office.

Note: This form does not take the place of a claims reporting form.

DATE OF ACCIDENT _____

1. Person(s) involved: _____ Age _____
_____ Age _____
_____ Age _____

2. Address(es): _____

3. Time and exact location of accident: _____

4. Description of accident (Use other side with diagrams as necessary.)

5. State exactly part of person(s) injured:

6. Doctor: _____ Date of Visit _____

7. Hospital: _____ Date of Visit _____

8. Witness(es) (Including employees present)

ACCIDENT INVESTIGATION

9. Did any unsafe condition of premises cause accident? _____
If any, describe: _____

10. Did any unsafe act of an employee or guest cause accident? _____
If any, describe: _____

11. What should be done to prevent another accident occurring from the same cause?

Date of Report: _____ **Completed by:** _____