

Blank Customer Accident Documentation Form

Date of Accident

Time of Accident

Accident Location

Enter location

Customer Name

Enter full name

Customer Contact Information

Phone or Email

Description of Accident

Describe what happened

Injury Details (if any)

Describe injuries if any

Witness Name(s) and Contact Information

List witness and contact details

Immediate Actions Taken

Describe any immediate action taken

Employee(s) Involved/Present

List names

Signature

Sign here

Date Signed

