

ACCIDENT / INCIDENT REPORT FORM

Manager on duty is to complete this form after any Accident or Incident (near miss) involving a customer or employee and submit it to Management and AMERICAN INSURANCE within 48 hours for loss control.

Business Name:		Manager on Duty: Name	
Street Address:		Cell Phone:	
		Employee Witness: Name	
City, State Zip:		Cell Phone:	

CUSTOMER OR EMPLOYEE INFORMATION

Date of Injury:		Time:		AM/PM	Weather Conditions	
Name:				Age (estimate):		
Address:				Cell Phone:		
				Occupation/Position:		
City, ST Zip:				Daytime Phone:		

FACTS OF ACCIDENT OR INCIDENT

Describe Accident Fully (what, when, where, how, why?):	
Where did the accident occur (be specific – exactly where - on sidewalk? Entry? Steps? etc):	
Describe injury, if any (be specific – left/right hand, knee, back, etc – if no injury put NONE):	
Medical Treatment (ambulance, hospital or doctor, if any):	
Describe any conditions that contributed to incident (weather, water, shoes, etc)	
Witnesses: Name, addresses & phone numbers (including employees):	
Signature of Preparer: X	Date:



AMERICAN
INSURANCE

Please send this completed form by email to:
LossControl@Am-Ins.com or FAX (208)746-9640
 or call Lewiston Office (208)746-9646
 or call Moscow Office (208)882-8544 for assistance.