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| HJ Spier Co 1.JPG | 8250 Woodfield Crossing Blvd, Suite 330  Indianapolis IN 46240  [www.hjspier.com](http://www.hjspier.com)  [info@hjspier.com](mailto:info@hjspier.com)  317-815-2800 (Main Line) | Commercial Lines Claims:  317-815-2803  Personal Lines Claims:  317-815-2802  After Hours Emergency:  317-363-9774 |

CUSTOMER ACCIDENT REPORT

(Liability Claims)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Injury Date: | | Time Incident Occurred: | | Date Reported: | |
| Name of Injured Person: | | | | | |
| Address: | | | | | |
| Telephone Numbers: | H) | | C) | | W) |
| Exact Location of Accident: | | | | | |
| Describe fully how accident/incident occurred. Please be specific regarding environmental conditions or other factors relating to the cause of the incident: | | | | | |
| Did employee/Supervisor inspect area where incident occurred? | | | | | |
| List Witnesses and Telephone Nos: | | | | | |
| What steps were taken immediately after the incident: | | | | | |
| Did person injured obtain medical treatment:  Y  N | | | Ambulance Called:  Y  N | | |
| List medical Facilities if treatment obtained: | | | | | |
| Employee’s Comments: | | | | | |
| Employee’s Signature: | | | | | |
| Supervisor’s Signature: | | | | | |
| Telephone No where Employee/Supervisor can be contacted: | | | | | |