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| HJ Spier Co 1.JPG | 8250 Woodfield Crossing Blvd, Suite 330Indianapolis IN 46240[www.hjspier.com](http://www.hjspier.com)info@hjspier.com317-815-2800 (Main Line) | Commercial Lines Claims:317-815-2803Personal Lines Claims:317-815-2802After Hours Emergency:317-363-9774 |

CUSTOMER ACCIDENT REPORT

(Liability Claims)

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| 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:       |