

*An Affiliate of Professional Insurance Associates, Top 100 Agencies Nationwide*

## Accident/Incident Report Form – Customer

Please complete this form and send it immediately to

Cooper's Insurance Agency

Email: [insurance818@yahoo.com](mailto:insurance818@yahoo.com)

Fax: 818-706-1176

Date of Incident: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Your name or business name: \_\_\_\_\_

Who at your business should be contacted? \_\_\_\_\_

Location address of incident \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your phone number \_\_\_\_\_ Your fax number \_\_\_\_\_

Your email address \_\_\_\_\_

Name of customer involved in incident \_\_\_\_\_

Name of person to contact, if different \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Customer's phone \_\_\_\_\_ Customer's Fax \_\_\_\_\_

Customer's email address \_\_\_\_\_

Describe the injury or property damage alleged \_\_\_\_\_

\_\_\_\_\_

What was the customer doing at the time of the incident? \_\_\_\_\_

\_\_\_\_\_

Describe the circumstances that led to the incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Describe the physical conditions of the area surrounding the incident (wet or slippery floor, uneven surface, stairs or steps, etc.) \_\_\_\_\_

If possible, take photos of the area surrounding the incident as soon as possible. If the customer alleges injury caused by a foreign object, attempt to obtain and keep the object, if possible.

Witnesses:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_