GM | KM | MGR 1 | MGR 2 | MGR 3 | DISTRICT MGR

1 INJURY & ACCIDENT

COLLECT COMPLETE INFORMATION TO HELP RESOLVE ISSUE

DATE / /
DAY OF WEEK Su Mo Tu We Th Fri Sa
TIME AM PM
MANAGER ON DUTY NAME
MEDICAL ATTN REQUIRED? YES NO
INSURANCE CONTACTED? YES NO

NAME OF INJURED PERSON
PHONE NUMBER
TYPE EMPLOYEE CUSTOMER

INJURED'S STREET ADDRESS
CITY, STATE, ZIP

FULLY DESCRIBE ACCIDENT/INCIDENT - include all pertinent details

WITNESS NAME PHONE NUMBER **WITNESS NAME**

FOLLOW-UP REQUIRED? YES NO
FOLLOW-UP BY

GM | KM

2 INJURY & ACCIDENT

COLLECT COMPLETE INFORMATION TO HELP RESOLVE ISSUE

DATE / /
DAY OF WEEK Su Mo Tu We Th Fri Sa
TIME AM PM
MANAGER ON DUTY NAME

NAME OF INJURED PERSON
PHONE NUMBER
EMPLOYEE CUSTOMER

INJURED'S STREET ADDRESS
CITY, STATE, ZIP

FULLY DESCRIBE ACCIDENT/INCIDENT - include all pertinent details

WITNESS NAME PHONE NUMBER **WITNESS NAME** PHONE NUMBER

FOLLOW-UP REQUIRED? YES NO
FOLLOW-UP BY
FOLLOW-UP DATE / /

GM | KM | MGR 1 | MGR 2 | MGR 3 | DISTRICT MGR

3 INJURY & ACCIDENT

COLLECT COMPLETE INFORMATION TO HELP RESOLVE ISSUE

DATE / /
DAY OF WEEK Su Mo Tu We Th Fri Sa
TIME AM PM
MANAGER ON DUTY NAME
MEDICAL ATTN REQUIRED? YES NO
INSURANCE CONTACTED? YES NO

NAME OF INJURED PERSON
PHONE NUMBER
TYPE EMPLOYEE CUSTOMER

INJURED'S STREET ADDRESS
CITY, STATE, ZIP

FULLY DESCRIBE ACCIDENT/INCIDENT - include all pertinent details

WITNESS NAME PHONE NUMBER **WITNESS NAME** PHONE NUMBER

FOLLOW-UP REQUIRED? YES NO
FOLLOW-UP BY
FOLLOW-UP DATE / /

GM | KM | MGR 1 | MGR 2 | MGR 3 | DISTRICT MGR

4 INJURY & ACCIDENT

COLLECT COMPLETE INFORMATION TO HELP RESOLVE ISSUE

DATE / /
DAY OF WEEK Su Mo Tu We Th Fri Sa
TIME AM PM
MANAGER ON DUTY NAME
MEDICAL ATTN REQUIRED? YES NO
INSURANCE CONTACTED? YES NO

NAME OF INJURED PERSON
PHONE NUMBER
TYPE EMPLOYEE CUSTOMER

INJURED'S STREET ADDRESS
CITY, STATE, ZIP

FULLY DESCRIBE ACCIDENT/INCIDENT - include all pertinent details

WITNESS NAME PHONE NUMBER **WITNESS NAME** PHONE NUMBER

FOLLOW-UP REQUIRED? YES NO
FOLLOW-UP BY
FOLLOW-UP DATE / /

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