/// ab		Address		
Name (If child, also secure parent's name)		STREET	CITY	STATE
Married ()	Single ()	Phone Number		
Occupation		Approximate Age		
Employer	-	Approximate Weight_ Approximate Height_		
Employer's Address	S	Was injured wearing of	lasses?	
PE OF ACCIDENT I	nake an X in one of the follow	ing boxes:		
slip and fall or oth	ner accident inside the store or	store entry		
□ parking for fall or □ caused by merch:	other accident outside store andise or food give compl	ete details on reverse .		
T automotive service	e work	<i>/</i>	~/-	•
·风other <u>(三:一</u>	is all and the	(describe in detail)	7. Fle	
ustomer's Version	of How Accident Happened	d.		
				
	· · · · · · · · · · · · · · · · · · ·			
jury What injury to nom	on or clothing did you observe	.a ·	,	
what injury to pers			6 / L	_ /
	- 15 - 1 1 1 - 1/2	E NOWER " STOREY PA	سسين مسن آرڪ سيون ورو	
In Alectic	= H- n Commercial	- I Microsli -	Direc	
	•			
Describe first aid rea	ndered 17/4			
Who rendered first				
******		ering Din CETE	MEDICAL AMERICA	
******		er my was Die CFTER	MEDICAL AMESTICA	
If referred to doctor (See that doctor understand send Authorization f	give name and address ///. ands he is to render first aid only for First Aid form with customer)			Payso
If referred to doctor (See that doctor understand send Authorization f	give name and address ///. ands he is to render first aid only for First Aid form with customer)	ame and adress where treatmen		Payso
If referred to doctor (See that doctor underst and send Authorization i If customer said wo	. give name and address // ands he is to render first aid only or First Aid form with customer) uld seek own treatment give r	ame and adress where treatmer		Payso
If referred to doctor (See that doctor understand send Authorization for the customer said wo) Did customer indicates	e. give name and address /// ands he is to render first aid only or First Aid form with customer) uld seek own treatment give re ate further action expected of the	ame and adress where treatmer		Payso
If referred to doctor (See that doctor underst and send Authorization i If customer said wo	e. give name and address /// ands he is to render first aid only or First Aid form with customer) uld seek own treatment give re ate further action expected of the	ame and adress where treatmer		Payso
If referred to doctor (See that doctor understand send Authorization if If customer said wo Did customer indicatiff yes, what is expect	dive name and address /// ands he is to render first aid only for First Aid form with customer) uld seek own treatment give relate further action expected of the	ame and adress where treatmer	nt would be sought	Payrot
If referred to doctor (See that doctor understand send Authorization if If customer said wo Did customer indicate If yes, what is expected to the series of	e. give name and address /// ands he is to render first aid only or First Aid form with customer) uld seek own treatment give re ate further action expected of the cted? know about Accident - List	ame and adress where treatments? yes no. every one - Attach their state	nt would be sought	Payrot
If referred to doctor (See that doctor understand send Authorization if If customer said wo Did customer indicatify yes, what is expected to the same of the same	dive name and address /// ands he is to render first aid only for First Aid form with customer) uld seek own treatment give relate further action expected of the	ame and adress where treatments? yes no. every one - Attach their state	nt would be sought	Payso
If referred to doctor (See that doctor understand send Authorization if If customer said wo Did customer indicatify yes, what is expected to the same of the same	e. give name and address /// ands he is to render first aid only or First Aid form with customer) uld seek own treatment give re ate further action expected of the cted? know about Accident - List	ame and adress where treatments? yes no. every one - Attach their state	nt would be sought	Payro

Date of Accident Day of Week ___

P.M.

Hour

(SEE REVERSE SIDE)

CODE 940-99—Pads 6 Sets of 9 Pages—(Rev. 5/85)—CCI—K—Litho in U.S.A.

(c) Employees who did not see Accident but arrived at scene shortly after.

(Name)

(b) Employees who saw Accident.

Husting Correctory Egal Dept., Int'l. Hagrs.

INJURED PERSON

(Home Address)