

# Customer Accident Investigation Report

PWC Property Solutions, L.L.C

5 Parkway Center, Suite 215, Pittsburgh, PA 15229

Date prepared: \_\_\_\_\_ Report prepared by: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tenant Company Name: \_\_\_\_\_ Suite #: \_\_\_\_\_

## Injured Party Information

Name of Injured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Business: \_\_\_\_\_

Please Check:  Tenant Employee  Tenant Visitor  Building Contractor

## Injury Data

Injury bodily location (i.e. hand, ankle, eye): \_\_\_\_\_

Type of Injury:  Laceration  Bruise  Sprain  Broken/fractured bone  Concussion  
 Eye injury  Burn  None  Other: \_\_\_\_\_

Source of Injury (i.e. ice on surface, falling box, curb or none): \_\_\_\_\_

Additional Injury Description: \_\_\_\_\_

Ambulance required:  Yes  No

Was injured party advised to seek immediate professional medical attention:  Yes  No Initial \_\_\_\_\_

Injured party sought professional medical attention:  Yes  No Initial \_\_\_\_\_

Professional medical attention received from (hospital or doctor): \_\_\_\_\_

Type of footwear: \_\_\_\_\_ Eyeglasses:  Yes  No Carrying packages:  Yes  No

Type of packages: \_\_\_\_\_

## Accident Data

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_  A.M.  P.M

Exact location of Accident: \_\_\_\_\_

Accident site immediately inspected:  Yes  No Time of Inspection: \_\_\_\_\_  A.M.  P.M

Inspected by: \_\_\_\_\_ Photographs taken:  Yes  No

Was the source of injury available at time of inspection:  Yes  No Explain: \_\_\_\_\_

Surface Condition:  Dry  Wet  Clean  Snow  Ice  Pothole  Cracked  
 Other \_\_\_\_\_

Foreign Objects: \_\_\_\_\_ Lighting Conditions: \_\_\_\_\_

Floor Type:  Tile  Carpet  Mat  Asphalt  Cement  Other \_\_\_\_\_

If ice or snow is related to loss, was there a visibly clear and unobstructed alternate pathway available for the injured party to choose to avoid the ice/snow?  Yes  No

What controls were in place to reduce loss potential: (i.e. caution sign, grape bagging): \_\_\_\_\_

**Injured Party Statement**

Name of Injured: \_\_\_\_\_

Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness Statement**

Name of Witness: \_\_\_\_\_ Telephone: \_\_\_\_\_ Alt. Tele.: \_\_\_\_\_

Home Address: \_\_\_\_\_  Employee or  Customer

Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accident Investigator's Statement**

Inspector Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accident Site Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_