



Tailored Solutions by Granite Insurance
Exclusively for Arival Insider Pro
Access Members

ACCIDENT REPORT FORM

Reported By: _____

Title / Role: _____ Date of Report: _____

Accident Report Information

Date of Accident: _____ Injured Party's Full Name: _____

Injured Party's Phone: _____ Injured Party's Email: _____

Injured Party's Address: _____

What Appears to Be Injured: _____

Specific Location of Accident (Where in your facility? If you are a multi-location business, which location did this occur at?): _____

What Equipment was being utilized at the time of the Accident: _____

Other Parties Involved

Was anyone else involved in the Accident? If so – list their name, role, and their contact info:

Other Party's Full Name: _____ Other Party's Role: _____

Other Party's Phone: _____ Other Party's Email: _____

Other Party's Address: _____

Please list a few witnesses to the accident – list their name, role, and their contact info:

Witness 1 Full Name: _____ Witness 1 Role: _____

Witness 1 Phone: _____ Witness 1 Email: _____

Witness 1 Address: _____



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Witness 2 Full Name: _____ Witness 2 Role: _____

Witness 2 Phone: _____ Witness 2 Email: _____

Witness 2 Address: _____

Follow-Up

Was there a Police Report Filed? Yes No

Was an Ambulance offered? Yes No

If yes, was it declined? _____

Follow-Up Action Notes:

Supervisor Name: _____ Supervisor Signature: _____