

REPORT OF ACCIDENT TO THE PUBLIC (NOT AN EMPLOYEE)

COMPREHENSIVE PERSONAL LIABILITY, OWNERS', LANDLORDS' and TENANTS', CONTRACTORS' and MANUFACTURERS PUBLIC.

PLEASE ANSWER EACH QUESTION FULLY

FORWARD IMMEDIATELY UPON THE OCCURRENCE OF AN ACCIDENT

(If Accident is fatal, or involves serious injury, telegraph or telephone - also state whether an inquest is to be held)

1 Name of Assured \_\_\_\_\_ 2 Policy No \_\_\_\_\_
3 Address \_\_\_\_\_ Street, City \_\_\_\_\_ State \_\_\_\_\_
4 Date and hour of accident? \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_ at \_\_\_\_\_ A.M.
\_\_\_\_\_ (Day of the week) \_\_\_\_\_ P.M.

5 Location and description of premises at which accident occurred \_\_\_\_\_
(Please be specific)

6 Is the Assured owner, lessee, tenant or contractor? \_\_\_\_\_

INJURED PERSON
7 Full name \_\_\_\_\_ 8 Age \_\_\_\_\_ 9 Color \_\_\_\_\_ 10 Sex \_\_\_\_\_
11 Address in full \_\_\_\_\_
12 Occupation \_\_\_\_\_ (If employed show by whom) \_\_\_\_\_ 13 Nationality \_\_\_\_\_
14 Where taken after accident? \_\_\_\_\_ 15 How? \_\_\_\_\_

INJURIES
16 Nature and extent \_\_\_\_\_
17 Probable duration and extent of disability \_\_\_\_\_

18 Cause and manner of occurrence: \_\_\_\_\_

FULL DESCRIPTION OF ACCIDENT
19 Was accident due to want of care upon part of injured person? If so, how? \_\_\_\_\_
20 Whose negligence caused the accident? \_\_\_\_\_
21 What did the injured person say as to cause? \_\_\_\_\_
22 Who heard the above statement? \_\_\_\_\_
23 What right did the injured party have on the premises? \_\_\_\_\_

Table with 4 columns: Name, Address, Name, Address. Header: NAMES AND ADDRESSES OF WITNESSES. Row 24: Name, Address, Name, Address.

A. ANSWER ONLY IN CONNECTION WITH OWNERS', LANDLORDS' and TENANTS' CASES - STOOPS, STAIRWAYS, LANDINGS, CEILINGS, SIDEWALKS, COAL HOLES, ETC.

25 Who is the owner? \_\_\_\_\_ 26 Who is in control of the premises? \_\_\_\_\_
27 Who is responsible for inside and outside repairs? \_\_\_\_\_
28 Was there any defect which caused the accident? (Explain fully) \_\_\_\_\_
29 If a ceiling case, - what floor? \_\_\_\_\_
30 What caused ceiling to fall? \_\_\_\_\_
31 If coal hole was involved, what was its condition? \_\_\_\_\_
32 Who used the coalhole last? \_\_\_\_\_

**B**

**ANSWER ONLY WHEN IT IS AN ELEVATOR ACCIDENT**

33 Location of this elevator is No \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

34 Passenger or Freight? \_\_\_\_\_ 35 Number of elevators in building \_\_\_\_\_

36 Who was responsible for condition of that part of the premises when accident occurred? \_\_\_\_\_

37 For the condition of Elevator? \_\_\_\_\_

38 When was Elevator last inspected? \_\_\_\_\_ 39 By whom? \_\_\_\_\_

(Give his official title)

40 What alterations or repairs were recommended? \_\_\_\_\_

41 What was condition of Elevator when accident happened? \_\_\_\_\_

42 Who can prove this? \_\_\_\_\_

43 Were any alterations or repairs in progress? \_\_\_\_\_

44 Engineer and attendant employed by? \_\_\_\_\_

45 Name of operator? \_\_\_\_\_ 46 Address \_\_\_\_\_ 47 Age \_\_\_\_\_

48 Skilled in this work? (State previous experience) \_\_\_\_\_ 49 Was light good? \_\_\_\_\_

**C**

**ANSWER ONLY IN OWNERS' OR CONTRACTORS' CASES ARISING OUT OF BUILDING CONSTRUCTION**

50 What was the status of the work at the time of the accident? \_\_\_\_\_

51 What guard, lights or other safety devices were at the place of the accident? \_\_\_\_\_

52 Who can prove this? \_\_\_\_\_

53 What agreement exists between owner or contractor and the Assured as to responsibility for such accidents? \_\_\_\_\_

**D**

**ANSWER ONLY IN MANUFACTURERS' CASES**

54 What duty did Assured owe injured person? \_\_\_\_\_

55 How could the Assured have prevented the accident? \_\_\_\_\_

**56 If damage to property is involved, give details here:  
Supply sketch of accident.**

DATED AT ..... this ..... day of ....., 19 .....

Agent ..... Signed ..... Assured

Address ..... By .....