



New Bremen, OH 45869 USA
 Tel 419-629-2311
 Fax 419-629-3605

Accident Report Form

Send completed **ORIGINAL** form with any additional information to:

Manager of Product Safety
 Crown Equipment Corporation
 40 South Washington Street
 New Bremen, Ohio 45869
 Or Scan (.pdf) and Email to: ProductSafety@crow.com

Report Date _____ Reported By _____ Form Completed By _____

Dealer _____ Phone No. _____

WHO:

Injured Person(s) Name _____ Phone No. _____

Address _____

Name _____ Phone No. _____

Address _____

Nature of Injury _____

Operator Name _____ Phone No. _____

Address _____

Witness(es) Name _____ Phone No. _____

Address _____

Name _____ Phone No. _____

Address _____

Customer or User Name _____

Address _____

Customer or User Contact Name _____ Phone No. _____

Address _____

WHEN: Date and Time of Accident _____

When did injured person return to work _____

WHAT: Manufacturer of

Lift Truck Involved: _____ Model No. _____ Serial No. _____

Condition of lift truck _____

Other property damaged _____

Condition _____

Maintenance Performed By: Dealer Customer Other _____

Are damaged parts being held? Yes No

If yes, where _____

Photographs to be forwarded? Yes No

Other photographs taken by: _____

WHERE:

Accident Location _____

Describe Condition of the Floor and Accident Location _____

Description of Accident (Use an additional sheet if necessary) _____

Diagram of Accident and Area (Show Path of Travel):

Signed _____ Date _____

Subsequent Information (If Any)