

ACCIDENT/INJURY REPORT

PROPERTY NAME: Northland Center

Name of Injured Party _____

Address of Injured Party _____

Phone Number _____

Occupation _____

Employer _____

Age of Injured Party _____

Place of Accident _____

Date/Time of Accident _____

Nature/Extent of Injury _____

Nature/Extent of Property Damage _____

Name/Address of Witnesses _____

Condition of Area When Inspected by Building Staff _____

Please return by fax or email to:

Suzan Carpenter
NorthMarq Real Estate Services
3500 American Boulevard West
Suite 200
Bloomington, MN 55431

Phone: 952-893-8886
Fax: 952-893-3635
Email: suzan.carpenter@northmarq.com