

# INCIDENT REPORT

*(Employee completes form immediately and submits it to Manager/Supervisor who then sends a copy to the insurance agent.)*

## Please print all information

Name of Insured: \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/20\_\_

Full Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
email address \_\_\_\_\_

Name and title of person completing this form: \_\_\_\_\_

Date of Incident \_\_\_/\_\_\_/20\_\_ Time \_\_\_\_\_ am pm, Location of Incident \_\_\_\_\_

Describe the physical characteristics of the incident site: (floor was dry, walkway was well-lit, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Was someone injured? Yes No Name of Injured: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

What happened? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe action taken: (first aid, 911, ambulance, call to doctor, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe visible injury and part of the body affected (bleeding, swelling, discoloration, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Were there witnesses to the incident? If so, please have them fill out Witness Report Forms. List Witness names here, please, for reference:

1. \_\_\_\_\_ Phone# \_\_\_\_\_

2. \_\_\_\_\_ Phone# \_\_\_\_\_

3. \_\_\_\_\_ Phone# \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date: \_\_\_\_\_