

ACCIDENT REPORT

Date: _____
Injured Guest: _____
Name: _____
Phone: _____
Address: _____

Statement: _____

Signed (Injured Guest)

WITNESS

Name: _____
Phone: _____
Address: _____

Statement: _____

Signed (Witness)

Description of Injury: _____
Describe Injuries (Details): _____

Signed

GENERAL OCCURRENCE REPORT

Nature of Occurrence: _____

Theft Injury Fire Other

If other, please describe _____

Location _____

Time _____

Amount of Loss _____

Description _____

ACTION

Police Called YES NO

Officer's Name _____

Badge # _____

Police Incident Report # _____

Ambulance called YES NO

Fire Department called YES NO

Other _____

Report prepared by (please print) _____

Signature _____

SLIP AND FALL INCIDENT INVESTIGATION REPORT

Location # _____ Location _____

INCIDENT INFORMATION

Incident Date ___/___/___/ Day of Week _____
dd mm yy

Time _____ AM PM

Location of Incident _____

Description _____

Weather Conditions _____

Incident reported when it occurred? YES NO

If no, how was it reported / when? _____

CLAIMANT INFORMATION

Last Name _____

First Name _____

Age _____ Sex M F

If minor, was child supervised? YES NO

If no, explain _____

Address _____

Telephone Home (_____) _____ - _____

Business (_____) _____ - _____

What was visitor doing prior to incident? _____

Why was visitor at location? _____

BODILY INJURY

Description of injury _____

Treatment Given (if any) _____

Injured party taken to medical facility? _____

If so, where? _____

How transported? (Name of Agency) _____

Name of transport (Name or Badge #) _____

PROPERTY DAMAGE

Description of Incident _____

Description of Damaged Item (age and general condition) _____

WITNESSES

Name _____

Address _____

Phone # _____

Comments _____

Name _____

Address _____

Phone # _____

Comments _____

Name(s) of employee(s) working in area at time of incident _____

INVESTIGATION

Was incident site inspected immediately after incident? YES NO

Time _____ AM PM

Inspected by _____

How did we find out about incident? _____

Describe conditions of scene _____

Describe lighting conditions _____

Was photograph taken of incident scene or damaged property? YES NO

Were floor mats in place? YES NO

If floor was wet, were caution signs in place? YES NO

Condition of Shoes _____

Eye glasses being worn? YES NO

If yes, type _____

Prescription? YES NO

Cane or walker used? YES NO

Why? _____

Is injured party taking medication? YES NO

If yes, why? _____

ADDITIONAL INFORMATION

Is there anything needed to add? _____

Additional paperwork attached? YES NO

What? _____

SIGNATURES

Report Completed by: _____ (name)

Position _____ Signature _____

Date report completed: ____/____/____
 dd mm yy

Supervisor if applicable: _____ (name)

Position _____ Signature _____