

## INCIDENT REPORT FORM

The following instructions are to assist you in filling out the Incident Report Form in the event of an injury. The Incident Report Form should be filled out as completely and accurately as possible. In addition, completing the Incident Report Form shortly after the incident helps to ensure that all applicable information has been obtained. **However, please remember that caring for the injured person is of primary concern.**

If a waiver/release was signed by the injured person, or on their behalf, please attach a copy of the signed waiver/release to the completed Incident Report Form.

If the injury involved the use of any equipment, you should inspect and document that equipment. Often, a picture of the equipment along with a description of its condition at the time of the injury will suffice. If you perceive, or it is alleged, that any equipment is broken or defective, it should be preserved in that condition and secured under lock and key until further instructions.

It is important to gather all relevant information possible concerning the incident. No one from the business should discuss any opinion they might have as to the cause of the incident.

Additional considerations are as follows:

- Describe the extent of the injury, treatment (if any), and method of transportation.
- Obtain the name, address, and contact information (telephone numbers and email address) for each witness, including anyone associated with the business who observed either the incident or anything giving rise to it. Ask each witness to prepare a written statement. If the witness is unwilling to prepare a written statement, please provide what they told you about the incident.
- Where applicable, take pictures of the incident site and forward them with the completed Incident Report Form.
- If you have any video of the incident, preserve the original and provide a copy with the completed Incident Report Form.
- Cooperate fully with all law enforcement personnel called to the scene.

Once completed, please forward the Incident Report Form, along with the injured person's waiver/release, witness statements, pictures, any other information/documentation concerning the incident, and your claim notification, to the persons identified in your insurance policy. Please include your policy number and insured name on all correspondence.

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# INCIDENT REPORT FORM

Date of Report: \_\_\_\_\_

Time of Report: \_\_\_\_\_ ☐ AM ☐ PM

Date of Injury: \_\_\_\_\_

Time of Injury: \_\_\_\_\_ ☐ AM ☐ PM

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Activity Involved: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

## WEATHER:

☐ Cloudy ☐ Rain ☐ Snow ☐ Windy ☐ Ice

Temperature at time of incident: \_\_\_\_\_

## Nature of Suspected Injury (check all that apply):

- |   |   |  |  |  |                                    |
|---|---|--|--|--|------------------------------------|
| <input type="checkbox"/> Head           | <input type="checkbox"/> Eye (R)            | <input type="checkbox"/> Eye (L)               | <input type="checkbox"/> Ear (R)               | <input type="checkbox"/> Ear (L)           | <input type="checkbox"/> Nose      |
| <input type="checkbox"/> Mouth          | <input type="checkbox"/> Chin               | <input type="checkbox"/> Cheek (R)             | <input type="checkbox"/> Cheek (L)             | <input type="checkbox"/> Neck              | <input type="checkbox"/> Chest     |
| <input type="checkbox"/> Arm (R)        | <input type="checkbox"/> Arm (L)            | <input type="checkbox"/> Wrist (R)             | <input type="checkbox"/> Wrist (L)             | <input type="checkbox"/> Hand (R)          | <input type="checkbox"/> Hand (L)  |
| <input type="checkbox"/> Elbow (R)      | <input type="checkbox"/> Elbow (L)          | <input type="checkbox"/> Finger(s), right hand | <input type="checkbox"/> Finger(s), left hand  | <input type="checkbox"/> Abdomen           | <input type="checkbox"/> Groin     |
| <input type="checkbox"/> Buttocks       | <input type="checkbox"/> Leg (R)            | <input type="checkbox"/> Leg (L)               | <input type="checkbox"/> Knee (R)              | <input type="checkbox"/> Knee (L)          | <input type="checkbox"/> Ankle (R) |
| <input type="checkbox"/> Ankle (L)      | <input type="checkbox"/> Foot (R)           | <input type="checkbox"/> Foot (L)              | <input type="checkbox"/> Toe(s), right foot    | <input type="checkbox"/> Toe(s), left foot | <input type="checkbox"/> Blood     |
| <input type="checkbox"/> Exposed Bone   | <input type="checkbox"/> Bruising           | <input type="checkbox"/> Redness               | <input type="checkbox"/> Loss of Consciousness |  |                                    |
| <input type="checkbox"/> Disorientation | <input type="checkbox"/> Inability to Speak |  |  |  |                                    |

Parasail Captain (if applicable): \_\_\_\_\_

Vessel(s) Hull ID (if applicable): \_\_\_\_\_

## TRANSPORTATION OF INJURED PERSON:

☐ Left on their own ☐ Ambulance ☐ Medical Evacuation Helicopter ☐ Refused Ambulance

## INJURED PERSON'S INFORMATION:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Health Insurance: ☐ Yes ☐ No

**WITNESS INFORMATION (use additional sheets, if necessary; use separate pages for statements):**

1. Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

2. Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

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**PERSON COMPLETING FORM:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

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**SUPPLEMENTAL INFORMATION:**

Witness Statements Taken: ☐ Yes ☐ No

Photographs of Incident Site Taken: ☐ Yes ☐ No

Diagram of Incident Site Prepared: ☐ Yes ☐ No

Equipment Involved in Incident: ☐ Yes ☐ No

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Describe/Identify Equipment Involved: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Signature of Injured Person

\_\_\_\_\_  
Signature of Person Completing Form