

Incident report form

Clear Form

Incident information

Incident date: _____ (dd/mm/yyyy) Time: _____ AM PM

Location address: _____

Location of incident: _____

Type of incident:

Near miss Motor vehicle incident
Slip/Fall First aid only
Trip/Fall Fatality
Struck/Caught Other (specify):
Harmful substances/Environmental

Incident reported when Yes No If no, how was it reported/when?
it occurred? _____

Weather conditions: Clear Rain Hail/Freezing rain
Partial sun Thunderstorms Snow
Cloudy Foggy Windy

Persons involved information

Name (first, last): _____

Adult Child Male Female Age: Date of birth: _____ (dd/mm/yyyy)

If minor, was child supervised? Yes No If no, explain why not: _____

Address (home): _____ Phone number: _____

Where was the person(s) involved going at the time of incident? _____

What was the person(s) involved doing prior to the incident? _____

Why was the person(s) involved at the location?: _____

Has the person(s) involved been to this location before? _____

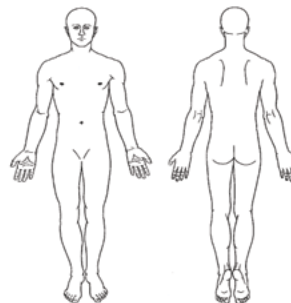
Was the person(s) involved late for an appointment? _____

Bodily injury

Type of injury

Burn
Contusion/Crush
Concussion
Superficial injury
Sprain/Strain
Fracture/Dislocation
Internal injury
Foreign body
Other (specify):

Mark injury site



Emergency treatment (if provided): Yes No

Injured taken to medical facility: Yes No If yes, where: _____

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Property damage

Type of property damages

Fire/Explosion
Equipment damage
Environmental damage/spill
Water damage

Unintentional loss of property

Theft
Wind damage
Vehicle struck property
Other (specify): _____

Description of damaged property (age, condition, location): _____

Take photos of damaged property and attached to incident report.

Investigation

To whom was the incident reported? _____

Was incident site inspected immediately after incident: Yes No

If so, what time: _____ AM PM

Investigation completed by: _____

How did we find out about the incident: _____

Describe conditions of the incident location (including lighting conditions):

Were photo(s) taken of incident scene or damaged property: Yes No

Were floor mats in place (where applicable): Yes No If floor was slippery or hazard present, were caution signs in place: Yes No

Type and condition of shoes worn by individual (take photo if possible): _____

Eye glasses worn: Yes No If yes, type of glasses worn: _____

Prescription: Yes No Cane or walker: Yes No

Is injured party taking medication: Yes No If yes, why: _____

Additional information to be attached to the investigation report? Yes No

Witnesses

1. Name: _____

Address: _____

Phone number(s): _____

Comments: _____

2. Name: _____

Address: _____

Phone number(s): _____

Comments: _____

Note: If there are additional witnesses, please attach information separately.

Name(s) of employees working in the area at the time of incident (attach work schedule):

Signatures

Report completed by: _____ Date: _____ (dd/mm/yyyy)

Position: _____ Signature: _____

Supervisor (if applicable): _____ Date: _____ (dd/mm/yyyy)

Position: _____ Signature: _____

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