

Incident Report Form

Incident Information

Incident date: Time: AM PM

Location address: (dd/mm/yyyy)

Yes

Location of incident:

Type of incident: Near miss Motor vehicle incident

Slip/FallFirst aid only:Trip/FallFatality:Struck/CaughtOther (specify):

Harmful substances/Environmental

No

Incident reported when

Weather conditions:

it occurred?

Clear Rain Hail/Freezing rain

Partial sun Thunderstorms Snow Cloudy Foggy Windy

Persons Involved Information

If no, how was it reported/when?:

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 Mark injury site

Burn

Contusion/Crush Concussion Superficial injury Sprain/Strain Fracture/Dislocation Internal injury Foreign body

Other (specify):

Emergency treatment (if provided): Yes No

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

How transported: Name of transport (name and badge #):

Property Damage

Type of property damages Unintentional loss of property

Fire/Explosion
Equipment damage
Environmental damage/Spill
Water damage

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

Theft
Wind damage
Vehicle struck property
Other (specify):

Take photos of damaged property and attached to incident report.



				Inve	stigation		
To whom was the incident reported?							
Was incident site inspected immediately after incident:			Yes	N	lo		
If so, what time:			AM	Р	M		
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			erty:	Yes	No		
Were floor mats in place (where applicable): Yes			No	If floor	r 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 attache	d to the i	nvestigation	n report?		Yes	No	
Witnesses							
Name:							
Address:							
Phone number(s):							
Comments:							
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:				Dat	e:	teld from to a significant	
Position:				Sigr	nature:	(dd/mm/yyyy)	
Supervisor (if applicable):				Dat	e:	(dd/mm/s)	
Position:			Signature:			(dd/mm/yyyy)	
Disclaimer: Aviva reserves all of its rights under the policy and does not waive any of its rights with respect to the policy by investigating the incident and the circumstances surrounding the incident, or by defending any claims or actions, or by negotiating any settlement of any claims or actions, or by making any payments, in respect of the incident. Aviva reserves all of its rights under the above stated policy including the right to deny coverage in its entirety.							

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