

INCIDENT REPORTING FORM

PROPERTY INFORMATION

Property Name:	Location Code:
Address:	Phone:
Submitted By: (Signature - Print Name & Title)	Today's Date:

INCIDENT INFORMATION

Type of Incident: <input type="checkbox"/> Building/Premises Damage <input type="checkbox"/> Injury (Non-Employee) <input type="checkbox"/> Other (Please Specify)			
<input type="checkbox"/> Personal Property Damage <input type="checkbox"/> Injury (Employee)			
Date of Incident:	Time of Incident:	Day of Week:	Police, Fire or Courtesy Patrol Involved? (If Yes, provide Name, Phone and Report Number)
Exact Location of Incident: (attach site map and photos of scene)			
Describe details of incident: (attach separate sheet of paper if necessary. INCLUDE FACTUAL DETAILS ONLY. DO NOT PROVIDE OPINIONS REGARDING LIABILITY, FAULT OR INSURANCE.)			
Any Obstacles in the Vicinity? (If yes, please describe & attach photos)		Weather : <i>(If applicable attach Snow Cleaning Log to Risk Management)</i>	
Lighting: (Check One) <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Dark	Other Contributing Factors:		
Is there 3rd Party contributing to Loss? If yes, provide Name, address, and phone number (i.e. vendor and/or resident or other third party cause the incident.)			
Potential Witnesses: (Name, Address, & Phone Number – Include separate sheet if necessary)			

THE SECTION BELOW SHOULD BE COMPLETED IN FULL FOR ALL INCIDENTS AND/OR CLAIMS:

CLAIMANT (INJURED OR INVOLVED PARTY)

Claimant Name:		Age:	Sex:
Address:			
Home Phone:	Work Phone:	Employer Name:	Occupation:
Date Management Notified	How was Management notified and by whom?		
Reason for being on the premises: <input type="checkbox"/> Resident <input type="checkbox"/> Guest <input type="checkbox"/> Vendor <input type="checkbox"/> Employee <input type="checkbox"/> Other			
Emergency or Other Treatment and or Services: (Where, when, brief description of what treatment)			

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Describe damage/injury: (attach separate sheet if necessary)

(for injury – include specific body part injured; for property damage –include description of item, type of damage & estimated repair/replacement costs)

CORRECTIVE ACTION AFTER INCIDENT

Date:	Description of Action	Completed By:

REPORT DISTRIBUTION: