

# Incident Report Form - Bodily Injury

Forward Original Copy to Western Financial Group Insurance Solutions on Date of Incident

Please Print or Type

Fax: 1-204-943-9597 Telephone: 1-800-665-8990 ext. 7207

Retain One Copy at the Business

Name of Business: \_\_\_\_\_

Location Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Weather Conditions: \_\_\_\_\_

Location of Incident (department): \_\_\_\_\_

Name of Patron/Injured Person (Mr/Mrs /Ms/Miss): \_\_\_\_\_

*First Name*

*Last Name*

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Age): \_\_\_\_\_

If Minor, Name of Parent: \_\_\_\_\_

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

*Street*

*City*

*Province*

*Postal Code*

Did patron/injured person continue with activity?  Yes  No Details of injury: \_\_\_\_\_

Did patron/injured person require medical attention?  Yes  No By whom? Dr. \_\_\_\_\_

Assistance given (e.g. Ambulance, First Aid, etc.) \_\_\_\_\_

How did incident happen? \_\_\_\_\_

What was the cause of this incident? \_\_\_\_\_

Witnesses: 1. Employee(s) \_\_\_\_\_ Telephone #: \_\_\_\_\_

2. Other than employee(s) \_\_\_\_\_ Telephone #: \_\_\_\_\_

## Statements from witnesses must be attached.

Name of employee responsible for area where incident occurred: \_\_\_\_\_

What time was area of incident cleaned? \_\_\_\_\_ AM/PM By whom? \_\_\_\_\_

Were records of cleaning kept?  Yes  No Action taken as a result of incident: \_\_\_\_\_

What other circumstances might have contributed to incident? (i.e. type of shoes, infirmities, age) \_\_\_\_\_

Suggestions to prevent reoccurrence of incident: \_\_\_\_\_

## Drawing of incident - please attach to report and note position of patron, witness and objects.

Was photograph taken of incident site?  Yes  No

## Area of incident must be promptly inspected by a Manager or Delegate and two employees.

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Manager/Delegate: \_\_\_\_\_ Employee: \_\_\_\_\_

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be completed in full. If additional space is needed, complete on back side and fax both sides.