

# Incident Report Form – Bodily Injury

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**FOR INTERNAL USE ONLY**

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

Retain One Copy at the Facility/ Forward One Copy to RM Office

Do Not Give Copy to Patron

Town/Municipality: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Weather: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

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

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

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

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

Did patron/injured person continue with activity?  Yes  No

Details of injury: \_\_\_\_\_

Did patron/injured person require medical attention?  Yes  No

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

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

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

**Witnesses:**

Employee(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Other than employee(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

**Statements from witnesses must be attached.**

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

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

Manager/Delegate: \_\_\_\_\_ Date: \_\_\_\_\_