

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.