

# INCIDENT REPORT FORM

These instructions are to assist you in filling out the Incident Report Form in the event of an injury. Above all else, the form should be filled out as completely and accurately as possible. Completing this form shortly after the incident helps assure that all applicable information has been obtained. **However, please remember that caring for the injured person is of primary concern.**

If a waiver/release was signed by the injured person, or on his/her behalf, please attach a copy of the signed waiver/release to the Incident Report Form.

In the event that the injury involved the use of any equipment, you should inspect and document that equipment. Often, a picture of the equipment along with a description of its condition at the time of the injury will suffice. If you perceive that any problem exists with the equipment, it should be secured until otherwise instructed.

At this stage, it is important to gather all relevant information possible concerning the accident. No one from the business should discuss any opinion they might have as to the cause. It is important that you be factual. Opinions will be rendered at a later date once all relevant information has been reviewed and appropriately analyzed.

Additional considerations are as follows:

- When possible, have the injured person describe in their own words what happened. That description should be written in the section entitled "Injured Party's Description" and should be written in the first person, i.e. "**I was....**" If able to sign, the injured person should be asked to sign their description.
- Describe the extent of injury, treatment and method of transportation.
- Obtain the name, address and contact information (telephone numbers and email address) for each witness, including anyone associated with the business who observed either the incident, or anything giving rise to it. Ask each witness to prepare a written statement. If the witness is unwilling to prepare a written statement, please provide what they told you about the incident.
- Where applicable, take pictures of the accident site and forward them with the Incident Report Form.
- Cooperate fully with all law enforcement personnel called to the scene.

Once completed, please forward the Incident Report Form, waiver/release, witness statements, pictures and "Claim Notification" to the person identified in your insurance policy.

# INCIDENT REPORT FORM

Date of report: \_\_\_\_\_

Time of report: \_\_\_\_\_  AM  PM

Date of injury: \_\_\_\_\_

Time of injury: \_\_\_\_\_  AM  PM

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Activity Involved: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

**WEATHER:**

Cloudy     Rain     Snow     Windy     Ice

Temperature at time of incident: \_\_\_\_\_

Nature of suspected injury: \_\_\_\_\_

Treatment rendered: \_\_\_\_\_

Name of person providing treatment: \_\_\_\_\_

Parasail Captain (if applicable): \_\_\_\_\_

Vessel(s) Hull ID (if applicable): \_\_\_\_\_

**TRANSPORTATION OF INJURED PERSON:**

Left on their own     Ambulance     Medical Evacuation Helicopter

When Possible, describe what occurred in injured person's own words:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INJURED PERSON'S INFORMATION:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Health Insurance:     Yes     No

**WITNESS INFORMATION (use separate pages for statements):**

**1. Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)  
**Address:** \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
**Phone No:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ @ \_\_\_\_\_

**2. Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)  
**Address:** \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
**Phone No:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ @ \_\_\_\_\_

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**PERSON COMPLETING FORM:**

**Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)  
**Address:** \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
**Phone No:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ @ \_\_\_\_\_

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**SUPPLEMENTAL INFORMATION:**

**Witness Statements taken:**  Yes  No  
**Photographs of accident scene taken:**  Yes  No  
**Diagram of accident scene prepared:**  Yes  No  
**Equipment involved in incident:**  Yes  No

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**Identify equipment involved:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Signature of Injured Person**

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**Signature of Person Completing Form**