



Incident Report

Property Name: _____

Property Address: _____

Person Injured: _____

Injured Person's Contact Information:

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Date of Incident: _____

Time of Incident: _____

Description of Weather Conditions: _____

Location of Incident: _____

Description of Incident: _____

Property Damage and/or Personal Injury Description: _____

First-aid Measures Taken (If Applicable):

Professional Medical Attention Utilized: Yes ___ No ___

Hospitalization/Ambulance Utilized: Yes ___ No ___

Photographs Taken? Yes ___ No ___

Witnesses:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Incident Reported By: _____

Date: _____

(signature of party)

Incident Reported To: _____

Date: _____

(print name)

Incident Reviewed By: _____ Date: _____

(print name)

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This incident report is merely a guideline. It is neither meant to be exhaustive nor meant to be construed as legal advice. It does not address all potential compliance issues with federal, state or local standards. Consult your licensed commercial property and casualty representative at Davis & Towle Insurance Group or legal counsel to address possible compliance requirements.

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