

# Incident report form

NOTE: This is not an insurance claims form. It is for your internal use only.



## Facility Where Incident Occurred

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

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

## Injured Person/Crime Victim

Name: \_\_\_\_\_  If a minor, please provide name of contact person below:

Phone: \_\_\_\_\_

Home  Work  Mobile  Home  Work  Mobile

Description (include individual's height, weight, clothing, shoes, glasses, physical impairments): \_\_\_\_\_

## Incident Details

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_  AM  PM Weather Conditions (if outdoors): \_\_\_\_\_

Specific Location (e.g., floor, room, area, etc.): \_\_\_\_\_

Type of Incident (check one):  Slip/Trip/Fall  Crime  Vehicle Accident  Burn  Altercation  Other \_\_\_\_\_

Description of Incident (note contributing factors such as items being carried, climbing/reaching for items, etc.): \_\_\_\_\_

Description of Injury or Property Damage: \_\_\_\_\_

Photos/Surveillance Video Taken:  Yes  No (if no, explain why not.) \_\_\_\_\_

Witnesses:  Yes  No (if yes, list below.)

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

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

City, State, ZIP: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Home  Work  Mobile

Home  Work  Mobile

## Medical Attention Provided, if Any

Professional Medical Attention Requested:  Yes  No (if yes, explain.) \_\_\_\_\_

First Aid Measures Applied:  Yes  No (if yes, explain.) \_\_\_\_\_

Ambulance:  Yes  No Hospital: \_\_\_\_\_

## Reporting/Review Contact Information

Reported by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(signature of injured person/crime victim)

Home  Work  Mobile

Reported to: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(please print)

Home  Work  Mobile

Reviewed by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(please print)

Home  Work  Mobile

**Need to file a claim?** Call the Nationwide® claims unit 24/7 at 1-800-421-3535.