Incident Report Form

Public Liability Insurance

Policy Holder					
Date Reported		**Time Reported**			
Exact Location					
Date Of Incident		**Day Of Week**		**Time Of Incident**	
Incident Report Completed By		**Incident Reported To**			
Time Incident Location Inspected		**Inspected By**			

PART 1: Injured Person Details

Full Name

Address

Home Phone ☐ Business Phone ☐ Mobile Phone ☐

Date Of Birth (Approx Or Guess If Unknown) Male ☐ Female ☐

Walking Stick ☐ Glasses ☐ Carrying Goods ☐ Intoxicated ☐ Other Impairments ☐

PART 2: Witness * Details

* Eyewitnesses who witnessed the incident; circumstantial witnesses who witnessed the events leading up to or following the incident. Additional witnesses' details should be provided on attachment.

Attach Statements for Additional Comments

Full Name

Address

Home Phone Business Phone Mobile Phone

Type of Witness Eye Witness ☐ Circumstantial Witness ☐

Relationship to Injured

Provide details if more than one witness

Provide details if another party is responsible

PART 3: Personal Injury Details

PART OF BODY INJURED (Place tick in appropriate box)

- ☐ Head & Neck
- ☐ Eyes or Face
- ☐ Back & Trunk
- ☐ Hip
- ☐ Shoulder
- ☐ Arms / Wrists
- ☐ Hands/ Fingers
- ☐ Knee
- ☐ Feet and toes

If Other/multiple, please describe

NATURE OF INJURY (Place tick in appropriate box)

- ☐ Multiple
- ☐ Fracture
- ☐ Sprain
- ☐ Dislocation
- ☐ Ligament Damage
- ☐ Minor Concussion
- ☐ Major Bruising - Disabling
- ☐ Minor Cut/Laceration - No Stitches
- ☐ Cut/Laceration requiring Stitches
- ☐ Minor Bruise - Not Disabling
- ☐ Concussion/Unconscious (Serious)
- ☐ Burns/Scalds - requiring medical attention
- ☐ Superficial
- ☐ No Apparent Injury

If Other/multiple, please describe

PART 3: Personal Injury Details

Description Of And Sequence Of Events Leading Up To The Incident (As Described By Injured Party)

Description Of Incident (By You Or Independent Witness - Including An Un-biased View On Whether The Injured Person Contributed To The Injury)

Was Injured Person Taken To ☐ Treatment By First Aider ☐ Doctor/Hospital ☐ Ambulance

Name Of First Aider/ Person Attending ______ Contact No ______

Other (Please Describe) ______

If Third Party/Contractor At Fault Third Party/Contractor's Name ______

Third Party/Contractor's Insurance Details ______

PART 4: Property Damage (complete if there is property damage)

Item Damaged ______

Details ______

If Viewed And By Whom ______

Photos Taken And By Whom ______

PART 5: Location of Incident (please tick appropriate box)

☐ Car Park	☐ Food areas	☐ Office Areas	☐ Balcony	☐ Elevators
☐ Car Park Ramps	☐ Dance Floor	☐ Internal Ramp	☐ Stairs	☐ Restaurants
☐ Bar	☐ Entrance/Exit	☐ Children's Play Area	☐ Escalators	☐ Gaming areas
☐ Toilet Areas	☐ If Other, describe ______			

PART 6: Type of Incident (please tick appropriate box)

Slip and Fall of Person: Cause

☐ Chips	☐ Person running	☐ Vegetable/Fruit items	☐ Tripped over Object
☐ Ice Cream	☐ Lack of Barrier	☐ Other Food	☐ Steps/Stairs
☐ Beverage	☐ Rainwater on floor	☐ Vomit	☐ Car Park Stops/Bollards
☐ Floor Slippery (Surface)	☐ Barrier/Signs	☐ Uneven Floor	☐ No apparent Reason
☐ Inadequate Lighting	☐ If Other, describe: ______		

OR Caught in:

☐ Door ☐ Machinery ☐ Escalator/Elevator ☐ Other ______

Stepping on or Striking Against:

☐ Display Stands ☐ Sharp Edges/Protruding Objects ☐ Other ______

☐ Escalator/Elevator ☐ Doors

Other

☐ Water Damage ☐ Falling Objects (describe) ______

Type of surface

☐ Marble	☐ Tile	☐ Carpet	☐ Speed hump
☐ Terrazzo	☐ Timber	☐ Bitumen	☐ Dirt/grass/garden
☐ Slate	☐ Vinyl	☐ Concrete	☐ Other ______

Was Injured Person ☐ Reasonable ☐ Upset ☐ Aggressive

Add Relevant Comments ______

Cleaner On Duty ______ Cleaning Supervisor ______

Time Location Last Inspected ______ Time Last Cleaned ______

Please Attach Written Statement From Cleaner (If Appropriate)

Record Of Incident ☐ Video/Closed Circuit ☐ Photo ☐ None