

# SAMPLE INCIDENT REPORTING FORM

This form is a sample only, provided as a courtesy by USLI. This form is not intended nor should it be used as legal advice. In the event of an incident, we recommend you review the conditions of your insurance policy and notify your insurance company as soon as practicable of any incident which may result in a claim. Forward any attorney letters to the insurance company for review before responding or providing statements or other information relating to a claim against you. Notification of claims or potential claims may be reported directly to [newlosses@usli.com](mailto:newlosses@usli.com).

Date (and time of incident): \_\_\_/\_\_\_/\_\_\_ ( \_\_\_:\_\_\_ a.m./p.m.)

Address of incident: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Description of incident: \_\_\_\_\_

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Describe any injuries sustained: \_\_\_\_\_

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## INJURED PARTY INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## INFORMATION ON OTHER INVOLVED PARTIES

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## WITNESS INFORMATION

Names and contact information of any injured person and witnesses (include patrons, employees and/or contractors (e.g., security, entertainment, promoters) who were present on the date of loss.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*If additional parties and/or witnesses are involved, attach a separate document listing them.*

Did police and/or medical personnel respond to scene?  Yes  No

If "Yes," what department(s)? \_\_\_\_\_

If alcohol was sold, served or furnished to any of the parties involved in the incident, for each party involved describe:

Time of arrival and time of departure: \_\_\_\_\_

Number, type and size of drinks served (and who served each drink): \_\_\_\_\_

Demeanor/Behavior of person at the time of each service: \_\_\_\_\_

### SLIP/TRIP/FALL INCIDENT

What caused the slip/trip/fall? \_\_\_\_\_

What observations were made of the area immediately after the injury? Describe any liquid, debris and/or any other hazards that may have contributed to the fall: \_\_\_\_\_

Describe weather conditions that may have been involved: \_\_\_\_\_

Describe footwear of injured person and any pre-injury observations of the person that may have contributed to the injury: \_\_\_\_\_

### BEST PRACTICES

- Card all patrons and do not serve alcohol to anyone under legal drinking age.
- Do not serve alcohol to anyone exhibiting signs of impairment.
- Attempt to get any impaired or intoxicated person to a place of safety.
- Call 911 to assist with unruly patrons and after any altercation.
- Make an effort to keep parties separated after an altercation. Parties should not be escorted out at the same time.

### EVIDENCE BEST PRACTICES

- Preserve any and all potentially relevant evidence. This includes photos, surveillance, audio recordings, receipts, ID scanner data and other information.
- Take measures to prevent any footage from being erased and preserve all video, from all cameras, in unedited format for the entire duration any involved party was present.
- Preserve all receipts surrounding the date of the incident. This could span more than one date if your establishment is open past midnight.
- For slip/trip/fall incidents, take photographs of the area of the injury, as it appeared at the time of injury, to document the conditions. The photographs should show the conditions at the time of the incident, including any liquid/debris/warning signs/lighting etc.

### FORM COMPLETED BY:

Name: \_\_\_\_\_ Date of report: \_\_\_\_/\_\_\_\_/\_\_\_\_

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