Incident report form

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



Facility Where Incident Occurred

Address: City, State, ZIP:	Name of Facility:		
Phone: llome 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.): If ye 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: Description of Injury or Property Damage: Name: Address: Other Oth	Injured Person/Crime Victim		
Phone: llome 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.): If ye 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: Description of Injury or Property Damage: Name: Address: Other Oth	Name:	If a minor, please provide name of contact p	person below:
Home Write Mediale Home Work Mediale Description (include individual's height, weight, clothing, shoes, glasses, physical impairments):			
Incident Details Date of Incident: / Time: AM PM Weather Conditions (if outdoors):	☐ Home ☐ Work ☐ Mobile ☐ Home ☐ Work ☐ Mobi	e	
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Specific Location (e.g., floor, room, area, etc.): Type of Incident (check one): Slip/Trip/Fall Crime Vehicle Accident Burn Altercation Other	Incident Details		
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Description of Injury or Property Damage: Photos/Surveillance Video Taken:	Type of Incident (check one): Slip/Trip/Fall Crime	Vehicle Accident ☐ Burn ☐ Altercation ☐ Other_	
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: 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: / Phone: Date: / Reviewed by: Phone: Date: /	Description of Incident (note contributing factors such as it	ems being carried, climbing/reaching for items, etc.): _	
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Photos/Surveillance Video Taken:			
Witnesses:			
Name: Name: Name: Name: Address: Address: Address: City, State, ZIP: City, State, ZIP: Phone: Phone: Phone: Name:			
Address:		Name:	
City, State, ZIP:			
Phone:			
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First Aid Measures Applied: Yes No (if yes, explain.) Ambulance: Yes No Hospital: Reporting/Review Contact Information Reported by: Phone: Date: /	Medical Attention Provided, if Any		
Ambulance: Yes No Hospital:	Professional Medical Attention Requested: 🗌 Yes 🗎 No (i	f yes, explain.)	
Reporting/Review Contact Information Reported by:	First Aid Measures Applied: 🗌 Yes 🗎 No (if yes, explain.)		
Reported by:			
Reported by:	Deporting / Deview Contact Information		
(signature of injured person/crime victim)			
Reported to: Phone: Date: /			Date:/
(please print) Home Work Mobile Reviewed by: Phone: Date:			Date:/
	(please print)	☐ Home ☐ Work ☐ Mobile	Date: / /
			/
Need to file a claim? Call the Nationwide® claims unit 24/7 at 1-800-421-3535.			

This form is provided as a sample believed to be reliable to help users address their own risk management and insurance needs. It does not and is not intended to provide legal advice. Users should customize the form to meet their specific requirements. Nationwide, its affiliates and employees do not guarantee improved results based upon the use of this sample form. Nationwide, the Nationwide N and Eagle, Nationwide is on your side and Providing solutions to help our members manage risk are service marks of Nationwide Mutual Insurance Company.