

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 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.