LesMills INSURANCE

Dovetail House, Wycombe Rd, Stokenchurch, Bucks, HP14 3RQ
Tel: 01494 887902

INCIDENT REPORT FORM

Please return completed form to:
info@lesmillsinsurance.co.uk

INSURED: ______________________ POLICY NO: ______________________

DATE REPORTED: ______________________ TIME REPORTED: ______________________

EXACT LOCATION: ______________________

DATE OF INCIDENT: ______________ TIME OF INCIDENT: ______________ DAY OF WEEK: ______________

INCIDENT REPORT COMPLETED BY: ______________ INCIDENT REPORTED TO: ______________

TIME INCIDENT LOCATION INSPECTED: ______________ INSPECTED BY: ______________

PART 1: INJURED PERSON DETAILS

NAME: ______________________

ADDRESS: ______________________

TELEPHONE NO: (HOME) ______________ (BUSINESS)______________ (MOBILE)______________

DATE OF BIRTH: ______________

USES WALKING STICK ☐ GLASSES ☐ CARRYING GOODS ☐ INTOXICATED ☐ OTHER IMPAIRMENT ☐

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

NAME OF WITNESS TO THE ACCIDENT: ______________________

ADDRESS OF WITNESS: ______________________

TELEPHONE NO: (HOME) ______________ (BUSINESS)______________ (MOBILE)______________

EYE WITNESS:
TYPE OF WITNESS: EYE WITNESS: ☐ CIRCUMSTANTIAL WITNESS: ☐

RELATIONSHIP TO THE INJURED PERSON: ______________________

(If more than one witness, please provide details) ______________________

IF ANOTHER PARTY RESPONSIBLE, PLEASE PROVIDE DETAILS: ______________________

PART 3: PERSONAL INJURY DETAILS

PART OF BODY INJURED: PLEASE TICK IN APPROPRIATE BOX(ES)

Head & Neck	☐	Hip	☐	Hand(s)/Finger(s)	☐
Eyes or Face	☐	Shoulder	☐	Knee	☐
Back or Trunk	☐	Arm(s)/Wrist(s)	☐	Feet / Toes	☐

If other, or multiple, please describe: ____

NATURE OF INJURY (Please tick in appropriate box)

Multiple	☐	Minor bruise – not disabling	☐	Concussion/Unconscious (serious)	☐
Fracture	☐	Major bruising – disabling	☐	Burns/Scalds – requiring medical attention	☐
Sprain	☐	Minor cut / laceration – no stitches	☐	Superficial	☐
Dislocation	☐	Cut / laceration requiring stitches	☐	No apparent injury	☐
Ligament damage	☐	Minor concussion	☐		☐

If other, describe ____

DESCRIPTION OF, AND SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT (as described by the injured party):

____

____

DESCRIPTION OF INCIDENT (by you, or independent witness – including an unbiased view on whether the injured person contributed to the injury:

____

____

DID THE INJURED PERSON RECEIVE TREATMENT FROM: FIRST AIDER ☐ DOCTOR/HOSPITAL ☐ AMBULANCE ☐

NAME OF PERSON ATTENDING / TREATING: ______________________ CONTACT NO. ________________

NAME OF THIRD PARTY / CONTRACTOR AT FAULT, IF APPLICABLE : ______________________________

THIRD PART / CONTRACTOR'S INSURANCE DETAILS, IF APPLICABLE:______________________________

PART 4: PROPERTY DAMAGE (complete if applicable)

ITEM DAMAGED: ____

DETAILS:____

IF VIEWED AND BY WHOM: ____

PHOTOS TAKEN AND BY WHOM: ____

PART 5: LOCATION OF INCIDENT (please tick in appropriate box)

Car Park	☐	Entrance/Exit	☐	Stairs	☐
Car Park Ramps	☐	Office Areas	☐	Escalator	☐
Bar	☐	Internal Ramp	☐	Elevator	☐
Toilet Areas	☐	Children's Play Area	☐	Restaurant	☐
Food Areas	☐	Balcony	☐	Gaming Area	☐
Dance Floor	☐				

PART 6: TYPE OF INCIDENT (please tick in appropriate box)

Slip / Fall of Person: Cause:

Chips	☐	Lack of barrier	☐	Uneven floor	☐
Icecream	☐	Rainwater on floor	☐	Tripped over object	☐
Beverage	☐	Barrier signs	☐	Steps/Stairs	☐
Floor slippery (surface)	☐	Vegetable/Fruit items	☐	Car Park Stops/Bollards	☐
Inadequate Lighting	☐	Other food	☐	No apparent reason	☐
Person running	☐	Vomit	☐		

If other, describe: ____

OR Caught in:

Door	☐	Escalator / Elevator	☐
Machinery	☐	Other	☐

If other, describe: ____

Stepping on or Striking Against:

Display Stands	☐	Escalator / Elevator	☐	Other	☐
Sharp edges / Protruding Object	☐	Doors	☐		

If other, describe: ____

Other:

Falling Objects **Water Damage**

If falling object, please describe: ____

Type of Surface:

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

If other, describe: ____

WAS THE 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** ☐