



Date of Incident: _____ Time of Incident: _____

Location of Loss:

Street Address: _____

City: _____ State: _____

Describe Weather Outside at Time of Incident: _____

Wet Floor Signs Out? Yes No N/A

Describe Incident Area:

Was Area Inspected by Employee? Yes No

If "Yes", by Whom: _____

Results of Inspection:

Were Pictures Taken? Yes No Video Available? Yes No

Describe What Happened:

Were Authorities Contacted? Yes No

If "Yes", Please Provide Authority Contact Information:

Injured Person Name: _____

Phone: _____ Address: _____

Describe Injury:

Was Injured Party Taken to Hospital? Yes No

If "Yes", Please Provide Facility Name and Address:

Any Witnesses to This Incident? Yes No

If "Yes", Please Provide Contact Information:

Employee Name (Print): _____

Employee Signature: _____ Date: _____