

INCIDENT REPORT FORM

This incident report and the information which is enclosed in this report is considered to be privileged and specifically for the use of your Insurance Company.

Do not under any circumstances' release a copy of this report to any party other than your Insurer.

While it does not necessarily follow that each incident resulting from your business operations will result in some form of legal action, the possibility does exist that a claim could occur.

If an incident does occur during the time that you do have responsibility for paying customers, there are several steps you should follow in addition to completing this accident report:

1. Keep all equipment that was being used at the time of the incident until directed otherwise by the Insurance Company. Ensure that all equipment is collected or retrieved from the surrounding area. It will be necessary for all equipment being used at the time of the incident to be inspected and possibly taken away by the Insurance Company or its representatives for analysis. If equipment needs to be replaced for ongoing activities, it is imperative that the replaced, damaged or worn equipment is kept in a safe place by the operator.
2. Render aid to the best of your ability, but do not attempt to perform medical procedures, which exceed your skill and your training.
3. Do not volunteer to anyone an opinion as to why the accident occurred. Limit your discussion to the facts, as you know them. Do not make conjectures and do not attempt to assess "blame" on anyone. Save your opinions for this report. Do not tell anyone that "It's all my fault" or words to that effect. Even if you have a feeling of guilt, do not discuss it with others.
4. Co-operate with the law enforcement personnel that may be called to assist. While answering their questions, follow the instructions outlined in (2) above. Limit your answers to the facts, as you know them.
5. Be certain to obtain the names, addresses and telephone numbers of all witnesses. This includes even those who you may consider to be hostile ones. For your protection, we need to know all those who are in any way connected with the incident.
6. It is essential that you keep track of any equipment, which may be involved in the incident. If you own or have control of the equipment involved in the incident you must retain and protect this should a claim be made. If you do not own or control the equipment then advise us where it went, who had control of it and details of its condition when you last saw it.
7. Be certain that you include a photocopy or the original of all waiver and release forms that you had the injured party complete if the injured party was under your supervision.
8. Please use as many additional sheets of paper as are necessary to insure that a clear and complete accounting of the incident is submitted.
9. After you have prepared this report to the best of your ability, it should be submitted as soon as possible to the name and address detailed on the 'Claim Notification' form within your policy.

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Date of Incident	Day/ Month/Year
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OPERATOR	Company Name					
	Activity			Business		
	Address			Mobile		
				Fax		
			Email			
INJURED PARTY	Person completing Report		Date report completed		Day/Month/Year	
	Name				Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Address				Business	
					Mobile	
INCIDENT	Date of Birth		Age		Residence	
	Day/Month/Year					
	Objective description of incident					
INJURY FIRST AID	Injury, Signs and Symptoms			Treatment		
WITNESS	Name		Business			
	Address		Residence			
			Mobile			
INCIDENT INVESTIGATION	Name		Business			
	Address		Residence			
			Mobile			
<input type="checkbox"/> Witness statements <input type="checkbox"/> Photographs of incident site <input type="checkbox"/> Diagram of incident site <input type="checkbox"/> Notify Police – serious injury or fatality <input type="checkbox"/> Notify Workers Compensation – employee only			IMMEDIATELY TELEPHONE OR FAX THIS REPORT TO OXSC 70 0000 0000 OR MAUC 0000 0000 0000 V\K H F J I E F G A			