



# Simply Right

## INCIDENT/ACCIDENT REPORT

Claim # \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_  AM  PM

Date Reported: \_\_\_\_\_

Time Reported: \_\_\_\_\_  AM  PM

### Location

Building/Site: \_\_\_\_\_

Specific Location: \_\_\_\_\_

Name of Injured/Affected Person: \_\_\_\_\_  Male  Female

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Describe Incident/Accident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe Loss/Injury:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weather Conditions (if applicable): \_\_\_\_\_

Describe Medical Treatment/First Aid: \_\_\_\_\_

\_\_\_\_\_

Name of Person in Charge of Dept./Area: \_\_\_\_\_

**Witness(es) Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Witness(es) Description of Incident/Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Persons/Entities Contacted: \_\_\_\_\_

**Suggested Corrective Action:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Injured/Affected Person: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness(es): \_\_\_\_\_ Date: \_\_\_\_\_

**For Organization Use Only**

Reviewed By:

Manager       Security/Safety       Technology       Risk Management       Owner

Additional Actions To Be Taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete Only If This Incident Was Reported To Law Enforcement**

Law Enforcement Agency: \_\_\_\_\_

Officers Name: \_\_\_\_\_

Law Enforcement Agency  
Contact Information: \_\_\_\_\_

Phone Number \_\_\_\_\_

Birth Date \_\_\_\_\_

SS Number \_\_\_\_\_

Hire Date \_\_\_\_\_

Pay Rate \_\_\_\_\_

Last Check Amount \_\_\_\_\_

Single                      Married

Address, City, State \_\_\_\_\_

Zip