|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Property Name:** |  | | | **Property #:** | |  | | |
| Property Address: |  |  | | | | |  |  |
|  | Street | City | | | | | State | ZIP |
| Property Mgr: |  | | PM Telephone #: | |  | | | |

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| **Date Incident Occurred:** | / | / |  | Time Incident Occurred: |  | AM  PM |
| Date Incident Reported by Tenant, Guest or Vendor: | / | / |  | Time Incident Reported By Tenant, Guest or Vendor: |  | AM  PM |
|  |  |  |  |  |  |  |

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| **TYPE OF INCIDENT- CHECK ALL THAT APPLY. If criminal activity ALSO complete “CRIMINAL ACTIVITY” supplement.** | | |
|  | **Slip & Fall** usually occur on the same level and may be caused by a slippery surface (water, ice, snow, freshly waxed floor, etc. and may be compounded by footwear worn. | |
|  | **Trip & Fall** **/ Step & Fall** Trips and Falls usually when the foot strikes an object and is suddenly stopped. Step and Falls when the front foot lands on a surface lower than expected (stepping off a curb, etc.), or steps forward or down, and a portion of the foot lands on an object higher than the other side. Can be compounded by the type of footwear worn. | |
|  | **Vehicle Incident -** An injury resulting from the operation or contact with a motor vehicle (driver or pedestrian) | |
|  | **Elevator Entrapment -** Elevator malfunction, causing the elevator doors to not open for an extended period of time. | |
|  | **Property Damage -** Any physical injury to any property from water, fire, vehicle, vandalism, power outage, etc. that may cause loss of use | |
|  | Owner of property that was damaged—Check all that Apply:  Tenant’s Employee  Guest  Vendor  LBA/Property Owner  Other (Describe) | |
|  | Property damage caused by—Check All that Apply:  Break-In  Theft  Fire  Flood  Unknown  Other (Describe) |  |
|  | **Other** (describe) | |
|  |  | |

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| **COMPLETE FOLLOWING FOR EACH PERSON INVOLVED IN INCIDENT** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person(s) Inured?  Yes  No Person’s Name | | | | |  | | | | | | | | Date of Birth | | | | |  | | | | |  | | |
| Person Injured:  Guest  Vendor Cntrctor | | | | Drivers License OR Other ID # | | | | | | | | | |  | | | | | | | | | | | |
| Injured person’s Personal Physician Name | |  | | | | | | | Address | | |  | | | | | | | | | Phone | | |  | |
| Injured Person’s Home Phone: |  | | | | | Phone 2: | | | (     ) | | | | | | Phone #3: | | | | (     ) | | | | | | |
| Injured Person’s Address: Street |  | | | | | | | City | |  | | | | | | | State | | |  | | Zip | | |  |
| Was 911 called?  Yes  No If YES, Person who called | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Was medical assistance offered?  Yes  No | | | Was medical assistance refused?  Yes  No If YES, why? | | | | | | | | | | | | |  | | | | | | | | | |
| If life threatening situation, was first aid provided?  Yes  No If YES, describe: | | | | | | | | | |  | | | | | | | | | | | | | | | |
| If 911 was called, to what Hospital/Clinic (name & location) was Injured Person taken: | | | | | | | | | | |  | | | | | | | | | | | | | | |

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| **Witnesses**  **None** | | | | | | | | | | **Witnesses** | | | | | | | |
| Name | |  | | | | | | | | Name | |  | | | | | |
| Relationship to Injured Party | | | | | |  | | | | Relationship to Injured Party | | | |  | | | |
| Address | | |  | | | | | | | Address | | |  | | | | |
| City |  | | | | | | | | | City |  | | | | | | |
| State, ZIP | | | | |  | | | |  | State, ZIP | | |  | | | |  |
| Phone #1 | | | | (     ) | | | Phone #2 | (     ) | | Phone #1 | | | (     ) | | Phone #2 | (     ) | |

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| **If vehicle was involved in the incident :** | | | | Was Driver? (check one)  Tenant’s Employee  Guest  Vendor  \_\_\_ Employee | | | | | | | | | | | | | |
| Driver |  | | | | | | | Owner’s Name | | | | | |  | | | |
| Vehicle Make | |  | | | | Vehicle Model | | | |  | | | | | | Color |  |
| License Plate | |  | Drivers’ License # | |  | | State | |  | | DOB |  | Insurance Company | |  | | |

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| **Authorities Contacted?** Yes  No  If yes, complete the following: | | | |
| Police Department |  | Case # |  |
| Fire Department |  | Case # |  |
| Ambulance Agency |  | | |

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| **SPECIFIC LOCATION OF INCIDENT AT PROPERTY: (Check one and then describe the “exact” location ( i.e. in hallway in front of Suite 200)** | | | |
| **Inside Property** | | **Outside Property** | |
| Stairs | Women’s Restroom | Stairs | Lobby Entry |
| Common Area | Tenant Space | Common Area | Other (describe below) |
| Men’s Restroom | Other (describe below) | Parking Lot |  |
| **Describe:** | | | |
|  | | | |

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| **COMPLETE THE FOLLOWING FOR ALL SLIP & FALL, TRIP AND FALL INCIDENTS** | | | | | | | | | | | | | | | | |
| **1. Floor Surface Type** | | | | | | | | | | | | **2. Type of Shoes (Check all that apply)** | | | | |
| Carpet  Wood  Marble/Ceramic | | | | | | Linoleum  Concrete  Black Top / Asphalt | | | | | | Open Sandals  Flat Heels  High Heels | | | | Rubber Heels  Leather Heels  Rubber Sole |
| Other (describe) | | |  | | | | | | | | | Other (describe) | | |  | |
|  | | | | | | | | | | | |  | | | | |
| **3. Condition of Shoes** | | | | | | | **4. Height of Heel on Shoe** | | | | **5. Was person using an assistive aide to walk?**  Yes  No | | | | | |
| New  Worn | | Badly Worn | | | | | |  | # of inches (EST) | | If YES: | | Cane  Walker  Wheelchair | | | |
|  | | | | | |  | | | | | Other (describe) | | |  | | |
|  | | | | | |  | | | | |  | | | | | |
| **6. Was person wearing glasses?** | | | | | Yes  No If YES, what type:  Sunglasses  Prescription, Bifocals  Unknown | | | | | | | | | | | |
| Other (describe) |  | | | | | | | | | | | | | | | |
|  | | | | | |  | | | |  | | | | | | |
| **7. Surface Floor Condition (Check all that apply)** | | | | | | | | | | |  | | | | | |
| Spilled Liquid (describe) | | | |  | | | | | | | | Dry  Water from Rain  Water from Snow and/or Hail  Freshly Waxed | | | | |
| Water from Mopping  Mud | | | | | | Other (describe) | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **8. If Trip, or Trip and Fall Incident, (indicate what person tripped over or stepped into)**  **Not Applicable (Check all that apply)** | | | | | | | | | | | | | | | | |
| Door Threshold  Floor Mat  Drain Cover  Curb  Other (describe) | | | | | | | | | | | |  | | | | |

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| **1) Provide description of incident; 2) Provide description of alleged injuries, if applicable (i.e., contusion to left knee). Include all details and be specific as possible.** |
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| **EVALUATION AND RESOLUTION OF INCIDENT** |
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| --- | --- | --- | --- | --- | --- |
| **REPORT COMPLETED BY** | | | | | |
| Name of \_\_\_ Employee Completing This Report: | |  | | | |
| Date: |  | | Time: |  | AM  PM |

**FOLLOWING SECTIONS TO BE COMPLETED BY RISK MANAGEMENT ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| CUSTOMER CONTACT | | | |
| 1) | Person involved in incident telephoned w/in 48 hours? |  | Yes  No |
| 2) | Comments attached? |  | Yes  No |
| 3) | Witness statement(s) attached? |  | Yes  No |
| 4) | Additional comments/information attached? |  | Yes  No |
| 5) | Comments Regarding Contact with persons involved in incident: |  |  |
|  |  | | |
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| INCIDENT REPORT FILED WITH ARTHUR J. GALLAGHER | | | | | | | |
| 1) | Incident Report filed with Arthur J Gallagher | | Yes  No | | | | |
| 2) | Date Incident Reported: | / | | / |  | |  |
| 3) | Name of Risk Mgmt Employee filing report with Arthur J. Gallagher | | | | |  | |

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| **RECOMMENDATIONS TO THE ADJUSTER** | | | | | | | | | | | | |
|  | For Information Only | |  | Contact the Person(s) Involved ASAP | | |  | Do **NOT** contact the Person | | |  | Call me to discuss |
| Payments made directly to Guest, Vendor (Requires approval) | | | | | | | | | | | | |
| First Aid | | $ | | | Property Damage/Loss | $ | | | Approved by: |  | | |
|  | | | | | | | | | | | | |