

# INCIDENT REPORT

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Today's Date:

Report #:

*Use this form to report all incidents (IF YOUR MANAGER APPROVED USAGE OF THIS FORM IN ADVANCE), including but not limited to injuries, any type of claims, guest related, staff related or just passerby related. BE VERY ACCURATE ON THE STATEMENT, make it clear if you were personally witness to the incident or it is just what you heard and who from. Immediately call 911 if law enforcement presence required.*

Full Name of Person(s) involved:

Street Address:

City:

ST:

ZIP

Phone:

Cell:

Other:

DOB:

DL #:

Issue State:

Was the person involved a (circle one), Hotel Guest Visitor Employee Vendor Other : \_\_\_\_\_

Is the person involved making a claim? (Circle one) YES NO

The name of the person completing this form:

What is your position in this hotel?

CIRCLE on these options: 1- I was personally witness to the incident when happened.

2- I am just reporting the statements of the person and/or were directly witness.

How many witnesses are there?

(Name, Phone# and address of all witnesses on the page 2)

## Incident Details

Date of Incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Tag and Car info if any involved: \_\_\_\_\_

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Action by the hotel: (NOTICE, you must call law enforcement and/or medical assistance if any injury could be claimed and or the law enforcement presence is necessary even if the claimant refuses them)

Law Enforcement Name(s) if any:

Medical Assistance Personnel Name(s) if any:

Any picture taken? YES NO I don't Know Location of the pictures:

Who will receive this report? :

Full Name of the witness ONE:

Employee of the hotel? \_\_\_\_\_

Street Address:

City:

ST:

ZIP

Phone:

Cell:

Other:

Full Name of the witness Two:

Employee of the hotel? \_\_\_\_\_

Street Address:

City:

ST:

ZIP

Phone:

Cell:

Other:

Full Name of the witness Three:

Employee of the hotel? \_\_\_\_\_

Street Address:

City:

ST:

ZIP

Phone:

Cell:

Other:

DOB:

DL #:

Issue State:

Full Name of the witness Four:

Employee of the hotel? \_\_\_\_\_

Street Address:

City:

ST:

ZIP

Phone:

Cell:

Other:

Signature of the person completing this report: