

Incident Report Form – Bodily Injury

FOR INTERNAL USE ONLY

Forward original copy to Western Financial Group Insurance Solutions on date of incident

Fax: 1-204-943-9597 Telephone: 1-800-665-8990

Retain one copy for your records

Do Not Give Copy to Patron

Name of Dealer: _____

Dealer Address: _____

Contact Name: _____ Telephone: _____

Date of Incident: _____ Time: _____ Weather: _____

Location of Incident: _____

Name of Patron/Injured Person (Mr/Mrs /Ms/Miss): _____

Telephone (Home): _____ (Age): _____

If Minor, Name of Parent: _____

Address: _____

Did patron/injured person continue with activity? Yes No

Details of injury: _____

Did patron/injured person require medical attention? Yes No

Assistance given (e.g. Ambulance, First Aid, etc.): _____

How did incident happen? _____

What was the cause of this incident? _____

Witnesses:

Employee(s): _____ Telephone: _____

Other than employee(s): _____ Telephone: _____

Statements from witnesses must be attached.

What other circumstances might have contributed to incident? (i.e. type of shoes, infirmities, age)

Suggestions to prevent re-occurrence of incident: _____

Drawing of incident - please attach to report and note position of patron, witness and objects.

Was photograph taken of incident site? Yes No

Form completed by: _____ Date: _____

Manager/Delegate: _____ Date: _____