



# INCIDENT REPORT



Date of incident	Date reported	Time of incident	Time reported	Incident reported by injured party <input type="checkbox"/> Yes <input type="checkbox"/> No
Location			Weather conditions at time of incident	
Incident description				
<b>INJURED PARTY</b> <input type="checkbox"/> Employee <input type="checkbox"/> Public <input type="checkbox"/> Business guest				
Name (If known)		Phone	Address	
Type of footwear	Flooring/rugs/mat condition		Lighting conditions	
Contributing factors (gait, cane, limp, distracted, horseplay, object carried, etc.)				
Affected body parts/damaged items				
How did injured party leave scene? <input type="checkbox"/> Walking unassisted <input type="checkbox"/> Assisted walking <input type="checkbox"/> By ambulance <input type="checkbox"/> Other:				
Who performed medical care? <input type="checkbox"/> First responder <input type="checkbox"/> Employee <input type="checkbox"/> Other:				
<i>If serious injuries requiring medical treatment occur, notify Acuity at 800.242.7666 or acuity.com to file a claim.</i>				
<b>WITNESS INFORMATION</b>				
Name (If known)		Contact info	Relation to injured party	
Additional information from witness				
Witness statement report completed <input type="checkbox"/> Yes <input type="checkbox"/> No <i>File witness statements with incident report</i>				
<b>OTHER INFORMATION</b>				
<input type="checkbox"/> Photos of incident preserved		<input type="checkbox"/> All surveillance video of day preserved		
Form completed by				Date

Use back of form to document additional information

[illegible]

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