



Incident Report

*Must complete a separate report for each incident.

Indemnity Insurance Corporation
 950 Ridgebrook Road
 Suite 1500
 Sparks, MD 21152
 Phone: 410-472-6000
 Fax: 410-472-6020
 claims@iicdc.com

Club/Venue Information

| | |
|----------------------------|---|
| Insured Name: | Trading Name: |
| Date of Report Completion: | |
| Date of Incident (DOI): | Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Insured Location: | |

Contact Information for Person Filing Report

| | | |
|------------|-----------------------------------|-------------|
| Full name: | Best Contact Time(i.e. M-W; 8-5): | |
| Phone: | EXT: | Cell Phone: |
| Fax: | Email: | |

Patron Information

| | | | |
|---|---------------|-------------|-----------------------------------|
| Full name: | D/L or SS# | | State: |
| Mailing Address: | | | Occupation: |
| City: | State: | Zip: | Best Contact Time(i.e. M-W; 8-5): |
| Daytime Phone #: | Eve. Phone #: | Cell Phone: | |
| Email: | | | |
| DOB: | Race: | Sex: | Height: |
| | | | Weight (lbs): |
| | | | Hair: |
| | | | Eyes: |
| Alone <input type="checkbox"/> Yes <input type="checkbox"/> No Companion Information: | | | |
| Do you wear glasses/Contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they in use? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Patron Statement

Please provide all the relevant information here:

Medical Information

| | |
|--|--|
| Where there visible injuries to patron? Explain: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was the need for medical treatment apparent? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were medical services offered? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was ambulance requested? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, provide Company and EMT name: | |
| Were medical services refused? If yes, provide name & Number | <input type="checkbox"/> Yes <input type="checkbox"/> No |



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Detail Page/s 1

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Incident Information

Lighting: Normal Other:

Was the area inspected immediately following the incident? Yes No By Whom?

Patron Foot ware?

Composition of floor: Carpet, Tile, Cement, Other
 Slope, Flat, Stair

Immediate Surface Condition: Clear Dry Other:

Photo's Taken: Yes No

Camera Coverage: Yes No Tape/Media Copied? Yes No

Location of Incident:

Non Employee Witness:

Full name: _____ Email: _____ Cell Phone: _____

Phone: _____ EXT: _____ Best Contact Time(i.e. M-W; 8-5): _____

Employee Witness:

Full name: _____ Email: _____ Cell Phone: _____

Phone: _____ EXT: _____ Best Contact Time(i.e. M-W; 8-5): _____

Was the patron noticeably intoxicated? Yes No

How could you tell?

Was the patron cooperative? Yes No

Was anything noticeable before or after the incident? Yes No

Explain:

Was patron asked to leave the premises? Yes No

Was patron escorted off premises? Yes No By Whom?

Did patron physically resist? Yes No

If yes, How?

Law Enforcement Information:

Were Law Enforcement Notified? Yes No

Date/Time of Arrival:

Was a police report written? Yes No Report # : _____

Citation # or Charge/Arrest :

Officer Name: _____ Badge #: _____ Department: _____ Precinct: _____

Incident Description:

Description of injury/damage:

(Continue on separate page if necessary)