



Incident Report

*Must complete a separate report for each incident.

Indemnity Insurance Corporation of DC
 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)