|  |  |  |  |
| --- | --- | --- | --- |
| **Property Name:** |       | **Property #:** |       |
| Property Address: |  |  |  |  |
|  | Street | City | State | ZIP |
| Property Mgr: |       | PM Telephone #: |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date Incident Occurred:**  |      / |      / |       | Time Incident Occurred: |       | [ ]  AM [ ]  PM  |
| Date Incident Reported by Tenant, Guest or Vendor: |      / |      / |       | Time Incident Reported By Tenant, Guest or Vendor: |       | [ ]  AM [ ]  PM  |
|  |  |  |  |  |  |  |

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| **TYPE OF INCIDENT- CHECK ALL THAT APPLY. If criminal activity ALSO complete “CRIMINAL ACTIVITY” supplement.**  |
| [ ]  | **Slip & Fall** usually occur on the same level and may be caused by a slippery surface (water, ice, snow, freshly waxed floor, etc. and may be compounded by footwear worn. |
| [ ]  | **Trip & Fall** **/ Step & Fall** Trips and Falls usually when the foot strikes an object and is suddenly stopped. Step and Falls when the front foot lands on a surface lower than expected (stepping off a curb, etc.), or steps forward or down, and a portion of the foot lands on an object higher than the other side. Can be compounded by the type of footwear worn. |
| [ ]  | **Vehicle Incident -** An injury resulting from the operation or contact with a motor vehicle (driver or pedestrian) |
| [ ]  | **Elevator Entrapment -** Elevator malfunction, causing the elevator doors to not open for an extended period of time. |
| [ ]  | **Property Damage -** Any physical injury to any property from water, fire, vehicle, vandalism, power outage, etc. that may cause loss of use  |
|  | Owner of property that was damaged—Check all that Apply: [ ]  Tenant’s Employee [ ]  Guest [ ]  Vendor [ ]  LBA/Property Owner [ ]  Other (Describe) |
|  | Property damage caused by—Check All that Apply: [ ]  Break-In [ ]  Theft [ ]  Fire [ ]  Flood [ ]  Unknown [ ]  Other (Describe) |  |
| [ ]  | **Other** (describe) |
|  |       |

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| **COMPLETE FOLLOWING FOR EACH PERSON INVOLVED IN INCIDENT** |
| Person(s) Inured? [ ]  Yes [ ]  No Person’s Name |       | Date of Birth |       |  |
| Person Injured: [ ]  Guest [ ]  Vendor [ ] Cntrctor |  Drivers License OR Other ID # |       |
| Injured person’s Personal Physician Name |       | Address |       | Phone |       |
| Injured Person’s Home Phone: |       | Phone 2: | (     )       | Phone #3: | (     )       |
| Injured Person’s Address: Street |       | City |       | State |       | Zip |       |
| Was 911 called? [ ]  Yes [ ]  No If YES, Person who called |       |
| Was medical assistance offered? [ ]  Yes [ ]  No  | Was medical assistance refused? [ ]  Yes [ ]  No If YES, why? |       |
| If life threatening situation, was first aid provided? [ ]  Yes [ ]  No If YES, describe: |       |
| If 911 was called, to what Hospital/Clinic (name & location) was Injured Person taken: |       |

|  |  |
| --- | --- |
| **Witnesses** **[ ]  None** | **Witnesses** |
| Name |       | Name |       |
| Relationship to Injured Party |       | Relationship to Injured Party |       |
| Address |       | Address |       |
| City |       | City |       |
| State, ZIP |       |       | State, ZIP |       |       |
| Phone #1 | (     )       | Phone #2 | (     )       | Phone #1 | (     )       | Phone #2 | (     )       |

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| **If vehicle was involved in the incident :** | Was Driver? (check one) [ ]  Tenant’s Employee [ ]  Guest [ ]  Vendor [ ]  \_\_\_ Employee |
| Driver |       | Owner’s Name |       |
| Vehicle Make |       | Vehicle Model |       | Color |       |
| License Plate |       | Drivers’ License # |       | State  |       | DOB |        | Insurance Company |       |

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| **Authorities Contacted?** Yes [ ]  No [ ]  If yes, complete the following: |
| Police Department |       | Case # |       |
| Fire Department |       | Case # |       |
| Ambulance Agency |       |

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| **SPECIFIC LOCATION OF INCIDENT AT PROPERTY: (Check one and then describe the “exact” location ( i.e. in hallway in front of Suite 200)** |
| **Inside Property** | **Outside Property** |
| [ ]  Stairs | [ ]  Women’s Restroom | [ ]  Stairs | [ ]  Lobby Entry |
| [ ]  Common Area | [ ]  Tenant Space | [ ]  Common Area | [ ]  Other (describe below) |
| [ ]  Men’s Restroom | [ ]  Other (describe below) | [ ]  Parking Lot |  |
| **Describe:** |
|       |

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| **COMPLETE THE FOLLOWING FOR ALL SLIP & FALL, TRIP AND FALL INCIDENTS** |
| **1. Floor Surface Type** | **2. Type of Shoes (Check all that apply)** |
| [ ]  Carpet[ ]  Wood[ ]  Marble/Ceramic | [ ]  Linoleum[ ]  Concrete[ ]  Black Top / Asphalt | [ ]  Open Sandals[ ]  Flat Heels[ ]  High Heels | [ ]  Rubber Heels[ ]  Leather Heels[ ]  Rubber Sole |
| [ ]  Other (describe) |       | [ ]  Other (describe) |       |
|  |  |
| **3. Condition of Shoes** | **4. Height of Heel on Shoe** | **5. Was person using an assistive aide to walk?** [ ]  Yes [ ]  No |
| [ ]  New [ ]  Worn  | [ ]  Badly Worn |       | # of inches (EST) | If YES: | [ ]  Cane [ ]  Walker [ ]  Wheelchair |
|  |  | [ ]  Other (describe) |       |
|  |  |  |
| **6. Was person wearing glasses?** | [ ]  Yes [ ]  No If YES, what type: [ ]  Sunglasses [ ]  Prescription, Bifocals [ ]  Unknown |
| [ ]  Other (describe) |       |
|  |  |  |
| **7. Surface Floor Condition (Check all that apply)** |  |
| [ ]  Spilled Liquid (describe) |       | [ ]  Dry [ ]  Water from Rain [ ]  Water from Snow and/or Hail [ ]  Freshly Waxed |
| [ ]  Water from Mopping [ ]  Mud | [ ]  Other (describe)  |       |
|  |
| **8. If Trip, or Trip and Fall Incident, (indicate what person tripped over or stepped into)** **[ ]  Not Applicable (Check all that apply)** |
| [ ]  Door Threshold [ ]  Floor Mat [ ]  Drain Cover [ ]  Curb [ ]  Other (describe)  |       |

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| **1) Provide description of incident; 2) Provide description of alleged injuries, if applicable (i.e., contusion to left knee). Include all details and be specific as possible.** |
|       |

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| **EVALUATION AND RESOLUTION OF INCIDENT** |
|       |

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| **REPORT COMPLETED BY** |
| Name of \_\_\_ Employee Completing This Report: |       |
| Date: |       | Time: |       | [ ]  AM [ ]  PM |

**FOLLOWING SECTIONS TO BE COMPLETED BY RISK MANAGEMENT ONLY**

|  |
| --- |
| CUSTOMER CONTACT |
| 1) | Person involved in incident telephoned w/in 48 hours? |  | [ ]  Yes [ ]  No |
| 2) | Comments attached? |  | [ ]  Yes [ ]  No |
| 3) | Witness statement(s) attached? |  | [ ]  Yes [ ]  No |
| 4) | Additional comments/information attached? |  | [ ]  Yes [ ]  No |
| 5) | Comments Regarding Contact with persons involved in incident: |  |  |
|  |       |
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| INCIDENT REPORT FILED WITH ARTHUR J. GALLAGHER |
| 1)  | Incident Report filed with Arthur J Gallagher | [ ]  Yes [ ]  No |
| 2) | Date Incident Reported: |       / |       / |       |  |
| 3) | Name of Risk Mgmt Employee filing report with Arthur J. Gallagher |       |

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| **RECOMMENDATIONS TO THE ADJUSTER** |
| [ ]  | For Information Only  | [ ]  | Contact the Person(s) Involved ASAP | [ ]  | Do **NOT** contact the Person | [ ]  | Call me to discuss |
| Payments made directly to Guest, Vendor (Requires approval) |
| First Aid | $      | Property Damage/Loss | $      | Approved by: |       |
|  |