

Incident Report Form



SNOW REMOVAL
INSURANCE BROKERAGE

INSURED NAME:

Facility Where Incident Occurred

Name of Facility

Address

 City, State, Zip

Injured Person/Crime Victim

Name

Phone: Home

Cell

Work

If a minor, please provide: Name

Contact
Person

Phone

Incident Details

Date of incident

Time

AM

PM

Specific Location (e.g. floor,room,area,etc.)

Weather Conditions

Type of incident

Trip&Fall

Slip&Fall

Fall from Height

Crime

Other

Description of incident

Description of Injury or Property Damage

Photos Taken:

Yes

If no, please explain:

No

Witnesses:

Yes

No

If yes, list below

Name:

Name:

Address:

Address:

City,State,ZIP:

City,State,ZIP:

Phone:

Phone:

Medical Attention Provided, If Any

Professional Medical Attention Requested:

Yes

No

If Yes, please explain:

First Aid Measures Applied:

Yes

No

If Yes, please explain:

Ambulance:

Yes

No

Hospital:

Reporting/Review Contact Information

Reported By:

Phone:

Date:

Reported To:

Phone:

Date:

Reviewed by:

Phone:

Date:

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