TRAVELERS

RISK CONTROL

REDUCE RISK. PREVENT LOSS. SAVE LIVES.

Accident report – premises, facilities and events

Person			Insurance information (office use only)
Name of person			**Insurance company**
Address			**Policy number**
City	**State**	**Zip**	**Telephone**

Accident date and location		
Date of accident	Time of accident a.m. p.m.	Location of accident
Date reported	Time reported a.m. p.m.	

Injuries - describe the nature of any apparent injuries	
Name of injured person:	Name of other injured person:
Injury:	Address:
First aid administered by:	Injury:
Where taken after accident:	First aid administered by:
Transported by:	Where taken after accident:
	Transported by:

Indoor		Outdoor	
Type of lighting (describe)	**Quality of lighting** ☐ Poor ☐ Good ☐ Excellent	**Weather conditions (describe)**	☐ Clear ☐ Rain ☐ Snow ☐ Sleet ☐ Other
Type of floor (describe)	☐ Concrete ☐ Carpet ☐ Tile ☐ Wood ☐ Other	**Visibility (describe)**	☐ Daylight ☐ Dark ☐ Clear ☐ Fog ☐ Other
Condition of floor (describe)	☐ Dry ☐ Wet ☐ Worn / Damaged ☐ Freshly waxed ☐ Other	**Type of surface**	☐ Concrete / Asphalt (describe) ☐ Grass / Ground ☐ Curbing ☐ Stairs / Ramp ☐ Other
		Condition of surface (describe)	☐ Dry ☐ Wet / Standing water ☐ Icy / Snowy ☐ Hole / Damaged surface ☐ Other

Accident report – premises, facilities and events

Accident description - complete a separate description section for each person interviewed	
Describe how the accident occurred What caused the accident?	Source of information ☐ Injured party
Describe how the accident occurred What caused the accident?	Source of information ☐ Employee witness ☐ Other witness Name ___________________ Work Location/ Address _________________ Phone ___________________
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Person completing this report	
Name	Date

Accident investigation follow-up

Premises, facilities and events

Accident information	
Date of accident: **Accident description or other accident identifier:**	
Name of supervisor responsible for investigation	**Phone number**

Accident report – premises, facilities and events

Describe corrective action/follow-up

Implementation
Date of implementation

IMPORTANT! To save a copy of this form once filled in, you must choose File/Save As from the top menu bar, give it a unique name and save a copy to your computer. You may also print out a completed copy by clicking on the Print Form button.

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