celina
INSURANCE GROUP

Injury/Accident Investigation Form

Use this form to gather details regarding a reported slip/trip/fall or other reported injury or incident occurring on your premises. Complete this form as soon as possible after the incident. Attach additional pages as needed.

Incident Information

Date of incident: _____ Time of incident: _____ ☐ AM ☐ PM
Address of incident: _____
Location: ☐ Indoors ☐ Outdoors Exact area: *(aisle/room/parking lot, etc.)*: _____
Brief Description of Incident and reported/observed injury: _____
_____
_____

Injured Person/Information

Name: _____ Date of birth: _____
Phone: _____ Email: _____
Address: _____
Why was the individual on your premise: _____
Is this a regular customer: ☐ Yes ☐ No ☐ Unknown
Any injury, pain or symptom reported: ☐ Yes ☐ No
If yes, describe: _____
Medical treatment requested or provided: ☐ Yes ☐ No
If yes, explain: _____
Were they using a mobile device/carrying anything at the time? ☐ Yes ☐ No ☐ Unknown
Glasses worn? ☐ Yes ☐ No ☐ Unknown
Were they using a cane, walker or wheelchair? ☐ Yes ☐ No
If yes, describe: _____
Did the incident involve a floor mat? ☐ Yes ☐ No
If yes, explain: _____
Description of footwear worn? ☐ Athletic ☐ Dress ☐ Sandals ☐ Boots ☐ Other/Unknown
Statement *(Describe what the person stated happened)*: _____
_____
_____

Scene Conditions

Condition of area at the time of the incident *(check all)*:

☐ Dry ☐ Wet/Spill ☐ Snow/Ice ☐ Rain
☐ Debris ☐ Uneven Surface ☐ Poor Lighting ☐ Other: _____

Weather conditions (if outdoors): _____
Lighting conditions: ☐ Adequate ☐ Dim ☐ Glare ☐ Burned out/Not working ☐ Other/Explain: _____
Describe surface type *(tile, carpet, concrete, asphalt, etc.)*: _____
Warning signs or barriers present? ☐ Yes ☐ No ☐ N/A
If yes, describe: _____
Last Inspection/Cleaning Time: _____ By whom: _____
Housekeeping/inspection log available? ☐ Yes *(attach copy)* ☐ No
Any Other Details: _____

Witnesses

List all witnesses. Obtain written statements whenever possible *(see Witness Statement page)*.
Witness name: _____ Relationship to the customer: _____
Phone: _____ Email: _____
Address: _____
**Attach a list of any additional witnesses*

Please complete both sides of this form.

Employees

List all employees including those on the current and prior shift. Obtain written statements whenever possible *(see Witness Statement page)*.

Full Name	Shift Working	Did they see incident?	Did they speak to customer afterwards?
	☐ Current ☐ Prior	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Current ☐ Prior	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Current ☐ Prior	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Current ☐ Prior	☐ Yes ☐ No	☐ Yes ☐ No

Photo and Video Evidence

Take photos as soon as possible from multiple angles and distances. Include close-ups and wide shots of the area including relevant signage, mats, footwear worn, and surrounding conditions.

Photos taken? ☐ Yes ☐ No By whom: _____

Video surveillance available? ☐ Yes ☐ No Who reviewed: _____

Has video footage been secured? ☐ Yes ☐ No By whom: _____

File name/location/storage media of footage? _____

IMPORTANT NOTE: Any available photos or video surveillance that may have recorded the incident should be immediately reviewed to determine if footage exists. All relevant video footage—before, during, and after the incident—should be promptly downloaded and saved for no less than two years to preserve as evidence. It's important to note, all footage should be saved even if no injury is reported and/or no medical treatment is sought at the time of the incident.

Video Preservation Request (internal)

☐ Immediately pull/secure any available video and retain it to preserve evidence.

Person assigned to preserve video: _____ Date/Time completed: _____

Any other evidence to preserve (check all that apply):

☐ Broken/defective item ☐ Cleaning materials/signage ☐ Incident reports/logs

☐ Work orders/repair slips ☐ Weather reports ☐ Other: _____

Indicate what was collected, where stored, who has access: _____

_____

Corrective Actions Taken *(cleaning, repair, etc.)*

If not applicable, explain: _____

_____

Report Completed By

Name (print): _____

Position: _____

Date report completed: _____

Insurance carrier or agent notified? ☐ Yes ☐ No Claim #: _____

Signature: _____ Date: _____ Time: _____