



Fire Department Insurance Program

Personal/Bodily Injury Standard Liability Incident Report (Non-Vehicle Injury)

DCAM-RISK MGMT P.O. BOX 53364 OKLAHOMA CITY, OK 73152 TEL: 405/521-4999 (24h), FAX: 405/522-4442 EMAIL: fdip@omes.ok.gov

Claim Form Requested? [] Yes [] No Claim Number _____

Incident Date: _____ Time: _____ Date of Fire Dept Notification: _____

Location: _____

Address/Highway City State County

Describe Incident:

Photos of accident scene and location need to be taken.

Was Employee Aware of Incident? [] Yes [] No

Claimant's Information:

Claimant's Name: _____ Phone: () - _____

Address: _____ City: _____ State: _____ Zip Code _____

Email Address: _____

Was the Claimant Injured? [] Yes [] No

Describe: _____

Name of Doctor or Hospital: _____

Fire Department Information

Fire Dept Name: _____ Fire Dept # _____ Phone: () - _____

Type of Employment: [] Full Time [] Temporary [] Volunteer [] Contract

Employee Name: _____ Job Title: _____

Div. or Dept. _____ Address: _____ Phone: () - _____

Witnesses:

Table with 3 columns: Name, Address, Phone. Three rows for witness information.

Slip and Fall

Was the person distracted? Yes No If so, by what? _____

How did the person fall? Forward Backward Other _____

What part(s) of the body was injured? _____

Was the person talking to someone? Yes No Were there children present? Yes No

Was the person a client of the place where the incident occurred? Yes No

Was the surface wet, oily, dirty, slippery, etc.? Wet Oily Slippery Dirty Other _____

Were danger or caution signs posted? Yes No If so, what? _____

Was there a transition in walkway surfaces, or any tripping hazards? If so, explain _____

Was weather (rain/snow) a factor in the incident? If so, describe _____

Was site cleanup needed? (spill, dirt, etc.)? Yes No Describe _____

How long after first notice was incident cleaned up? _____

Type of footwear worn? athletic shoes sandals high heels flats other _____

Type of material of shoe heel? rubber leather synthetic other _____

Did footwear contribute to the fall? Yes No Explain _____

Machinery Incidents

Was injury due to machinery? Yes No If so, who was operating? _____

What type of machinery was involved in the incident? _____

Policy/procedure regarding operation of machinery? Yes No Operator trained? Yes No

Machinery last service date? _____ Machinery last safety inspection? _____

Were safety features in place? (guards, chains etc?) Yes No Explain _____

General Questions

Type of terrain? (i.e. flat, hilly, grassy gravel?) _____

Area inspected/cleared of debris and safety hazards? _____

Did you speak to a witness? Yes No If so, what was said? _____

Was assistance provided? Yes No If so, what? by whom? _____

Was any non-medical personnel called to accident site? If so, who? _____

Was the incident reported to local authority? Yes No If so, provide police report.

Attach additional sheet, if needed

By signing this form you are attesting the information contained is accurate.

Employee Signature	Date	Fire Chief Signature	Date
Employee Name Printed		Fire Chief Name Printed	