Whiteside County Farm Bureau
Farm. City. Working Together.

Accident/Incident Report
Attorney/Client Privileged Document

Whiteside County FARM BUREAU Foundation

1 Name of Person Completing Report _____   Date _____

2 Phone _____   Email Address _____

General Liability Claim

3 Bodily Injury ☐   Property Damage ☐

Location of Incident/Accident

4 Date _____   Time _____   Site Specific Phone Number _____

5 Location/Address (name of facility, etc.) _____

6 Specific location (parking lot, conference room, etc.) _____

Bodily Injury

7 Name of Injured Person _____   Age _____   Sex   Male ☐   Female ☐

8 Address _____

9 City _____   State _____   Zip _____

10 Home Phone _____   Business, Daytime or Cell Phone _____

11 Part of Body Injured _____   Nature of Injury _____

12 Brief summary of incident (please provide <u>FACTS ONLY</u>)
_____
_____
_____

13 Did injured person make any statements?   Yes ☐   No ☐   If YES, what was said?
_____
_____

14 Was first aid administered?   Yes ☐   No ☐   If YES, by whom?   Name and Position
_____

What first aid was given?
_____

15 Paramedic services offered?   Accepted ☐   Refused ☐   Police called?   Yes ☐   No ☐

Paramedic called?   Yes ☐   No ☐   Police Department _____   Officer(s) _____

(When in doubt, call for paramedic services.)

Bodily Injury (continued)

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Parents/Guardian/Relative Notified? Yes ☐ No ☐

By Whom _____ Phone Number _____

Parent/Guardian Relative Name _____ Phone Number _____

Relationship to Injured Person _____

Do you expect this person to submit a claim? Yes ☐ No ☐ Do not know ☐

Witness Information

17

Name _____

Home Phone _____ Business, Daytime or Cell Phone _____

Address _____

City _____ State _____ Zip _____

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Relationship to injured party:

☐ Relative/Friend (specify) _____

☐ Another program participant or facility user

☐ Passer-by

☐ Employee or volunteer

☐ Other (specify)

Did the witness make any statements? Yes ☐ No ☐ If YES, what was said? (attach more pages if necessary)

Damage to Another Person's Property

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Name of Property Owner _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business, Daytime or Cell Phone _____

What property was damaged? _____

Summary of how damage occurred (please provide FACTS ONLY): _____

Estimated cost of repair: _____

Estimate attached? Yes ☐ No ☐