VISITOR/CLIENT POST INCIDENT/ACCIDENT INITIAL INFORMATION FORM - DA 3000

OFFICE OF RISK MANAGEMENT - UNIT OF RISK ANALYSIS AND LOSS PREVENTION

GENERAL LIABILITY – FOR AGENCY USE ONLY

- **This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com**
- **Required for <u>all</u> incidents/accidents <u>except</u> vehicle accidents for which a police report serves as the proper documentation.**
- **Keep completed forms on file at the location where the audit/compliance review will occur.**

(PLEASE TYPE OR PRINT)

1. AGENCY NAME and LOCATION CODE:_____

2. DATE and TIME of INCIDENT/ACCIDENT:_____ 3. REPORTING DATE: _____

4. VISITOR/CLIENT NAME (LAST, FIRST):_____

5. VISITOR/CLIENT ADDRESS:_____

_____

6. VISITOR'S/CLIENT'S TELEPHONE #:_____

7. VISITOR'S/CLIENT'S DETAILED DESCRIPTION OF HOW ACCIDENT OCCURRED:

_____

_____

_____

_____

_____

8. DID ANY EMPLOYEE ASK THE VISITOR/CLIENT IF HE/SHE WAS INJURED? ___Y ___N

9. DID THE VISITOR/CLIENT VERBALLY EXPRESS AN INJURY TO ANY PART OF HIS/HER BODY? ___Y ___N

(IF NO, SKIP TO Q. 10)

A. WHICH PART OF HIS/HER BODY WAS INJURED? PLEASE BE SPECIFIC (e.g., RIGHT FOREARM, LEFT WRIST, LOWER RIGHT ABDOMEN) _____

B. WAS MEDICAL CARE OFFERED? ___Y ___N

1. DID THE VISITOR/CLIENT ACCEPT MEDICAL CARE? ___YES ___NO

10. WERE THERE ANY WITNESS(ES)? ___Y ___N (IF NO, SKIP TO Q. 11)

A. WITNESS'S NAME, ADDRESS, and TELEPHONE # (use additional sheet if needed)

_____

_____

B. WITNESS STATEMENT(S) ATTACHED? ___Y ___N

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11. DETAILED DESCRIPTION OF INCIDENT/ACCIDENT LOCATION _____

_____

A. IS THIS LOCATION IN A ☐ STATE-OWNED OR ☐ LEASED BUILDING?

B. IS THIS SPACE SHARED WITH NON-STATE EMPLOYEES? ___Y ___N

12. DID THE PERSON CONDUCTING THE INVESTIGATION OBSERVE ANYTHING THAT WAS DIFFERENT THAN THE VISITOR'S/CLIENT'S/WITNESS'S ACCOUNT? ___Y ___N IF YES, PLEASE PROVIDE A BRIEF SUMMARY:

_____

13. CHECK THE APPROPRIATE ENVIRONMENTAL CONDITION(S) THAT IS/ARE APPLICABLE TO THE INCIDENT/ACCIDENT:

☐ RAINING ☐ SUNNY ☐ CLOUDY ☐ FOGGY ☐ COLD ☐ HOT ☐ LIGHTING ☐ WIND

☐ OTHER WEATHER CONDITION(S)_____ ☐ WEATHER NOT A FACTOR

14. CHECK THE APPROPRIATE BOX(ES) THAT PERTAINS TO THE INCIDENT/ACCIDENT:

☐ STAIRS ☐ PARKING LOT ☐ GARAGE ☐ SIDEWALK ☐ ELEVATORS ☐ GRATING

☐ SPONSORED ACTIVITY ☐ DORMITORY ☐ WAITING ROOM ☐ WALKWAYS ☐ RAILINGS

☐ FURNITURE ☐ LIQUID ON FLOOR - TYPE OF LIQUID _____

☐ FLOORING - DESCRIBE THE TYPE OF FLOOR AND TYPE OF WAX _____

☐ EQUIPMENT (SPECIFY TYPE) _____ STATE-OWNED? ___Y __N

☐ OTHER CONDITION(S): _____

15. IF THE INCIDENT/ACCIDENT INVOLVED ITEMS THAT CAN BE RETAINED (e.g., furniture, muffler, exam table), THE CLAIMS UNIT REQUIRES THAT THE ITEM BE TAGGED WITH THE DATE OF INCIDENT/ACCIDENT AND NAME OF VISITOR/CLIENT.

IF THE STATE-OWNED ITEM IS BROKEN OR DAMAGED, IT MUST BE PLACED IN A SECURED AREA AFTER BEING TAGGED.

THE TAG CANNOT BE REMOVED OR THE BROKE/DAMAGE ITEM CANNOT BE SURPLUS/DISCARDED UNTIL NOTIFIED BY THE CLAIMS UNIT.

IF APPLICABLE, WERE THESE STEPS FOLLOWED? ___Y ___N

16. WAS THE VISITOR/CLIENT AUTHORIZED TO BE IN THIS AREA? ___Y ___N

17. DID ANY EMPLOYEE OBSERVE ANYTHING BEFORE/AFTER THAT IS REVELANT TO THE ACCIDENT? ___Y ___N

(IF NO, SKIP TO Q. 18)

A. WAS A STATEMENT OBTAINED AND ATTACHED? ___Y ___N

18. DID THE SUPERVISOR OR AGENCY SAFETY OFFICER RECEIVE A REPORT OF ANY OBSERVED CONDITIONS? ___Y ___N

19. WERE PICTURES/VIDEO TAKEN AND ARE THEY ATTACHED TO REPORT? ___Y ___N

20. NAME AND POSITION OF EMPLOYEE FILLING OUT THIS REPORT:

_____ _____
DATE