



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

**Other Party'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:**

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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