8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2849 • Fax 877-452-6909
After Hours Claim Reporting: 877-243-8182
CDA@primeis.com

INCIDENT/ACCIDENT REPORTING FORM

General Information

Name of Insured: ______________________________

Contact Name: ______________________________

Insured's Address: ______________________________

City: ____________________ State ________ Zip: ________

Phone number: ______________ Best time to contact: ______________

Policy Number: ______________ Effective Date of Policy: ______________

Description of Property Damaged

Name of Injured Party: ______________________________

If a minor, legal guardian's name: ______________________________

Address: ______________________________

____

Employer: ______________________________

Home Phone: ______________ Business Phone: ______________

Description of Property: ______________________________

____

Description of Damage and Accident

Date of Property Damage: ______________ Time of Property Damage: ______________

Service or Operations Provided: ______________________________

____

____

Describe in detail how the accident happened (use reverse if necessary): ______________

____

____

____

Describe the injured's mental status at the time of the accident:

☐ Confused ☐ Calm ☐ Panicked ☐ Aggressive ☐ Other: ______________

Describe Evacuation: ______________________________

____

____

Describe location of the site where the accident occurred: ______________

____

____

Describe the weather: ______________________________

Temperature (estimate if necessary): ________ degrees Fahrenheit

8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2849 • Fax 877-452-6909
After Hours Claim Reporting: 877-243-8182
CDA@primeis.com

INCIDENT/ACCIDENT REPORTING FORM

Did equipment contribute in any way to the accident? ☐ Yes ☐ No

If yes, please describe: ____________________

Did the injured party contribute to the accident in any way? ☐ Yes ☐ No

If yes, please describe: ____________________

Did the injured party state that he or she contributed to the accident in any way? ☐ Yes ☐ No

If yes, please describe: ____________________

Did another participant contribute to the injury? ☐ Yes ☐ No

If yes, please describe: ____________________

Were any photographs taken? ☐ Yes ☐ No

If yes, please enclose all photographs.

Activity Time Lost: ☐ None ☐ ½ Day or More ☐ Ended Participation

Describe any first aid given (include a list of any medications given):____________________

____

____

Did the injured party refuse first aid or evacuation? ☐ Yes ☐ No

If yes, please describe:____________________

Does the injured take any medications or have any allergies? ☐ Yes ☐ No

If yes, please describe: ____________________

Is this a re-injury of an old condition? ☐ Yes ☐ No

Employees on site at time of accident:

Name	Age	Experience
________	____	____________
________	____	____________
________	____	____________

Has the injured party been at this location before? ☐ Yes ☐ No

If yes, indicate frequency: ____________________

Does the injured party currently have medical insurance? ☐ Yes ☐ No

If yes, with what company?: ____________________

Signature: ____________________ Title: ____________________

Print Name: ____________________ Date: ____________________