

**INJURY MANAGEMENT – Client Use Information**

*Guest Incident Report*

Guest name: \_\_\_\_\_

Guest address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date of reported incident: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Description of incident: \_\_\_\_\_

\_\_\_\_\_

Visible injuries (as noted by person completing report): \_\_\_\_\_

\_\_\_\_\_

Injuries as reported by guest: \_\_\_\_\_

\_\_\_\_\_

Location of incident: \_\_\_\_\_

\_\_\_\_\_

Witness' (guests') names, addresses and phone numbers (if none, state so): \_\_\_\_\_

\_\_\_\_\_

Employee eye-witnesses and all other employees working in area: \_\_\_\_\_

\_\_\_\_\_

Action taken by manager/owner of establishment to care for guest (was guest taken to hospital, ambulance called, refused care, received first aid, etc.): \_\_\_\_\_

\_\_\_\_\_

Photos or security camera image available for review? ☐ Yes ☐ No

Action taken to prevent similar accident? ☐ Yes ☐ No

Name of manager, owner or employee completing report: \_\_\_\_\_

Signature of manager: \_\_\_\_\_ Date prepared: \_\_\_\_\_

*This form supplied by UFG merely provides minimum guidelines for you to follow and may be utilized as a tool for fact-gathering purposes to assist in your investigation. The information requested above is not exhaustive and you should, at your own discretion, request any necessary additional information as the specific situation may warrant.*

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**Managing Costs through Partnerships**

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