

SMOKY LAKE COUNTY



Title: Added Named Insured Incident Report	Policy No.: B.06-01
Section: 14	Page No.: 1 of 3 E

Legislation Reference:	Jubilee Insurance Agencies Ltd.
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Purpose:	To provide provision to address risk management for the Added Named Insured Community Organizations in reporting incident occurrences.
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Policy Statement and Guidelines:	
1. OBJECTIVES:	<p>1.1 To identify the actions to be taken to control losses and determine the cause(s). The process is to assure minimal injures, collect recent data and determine what corrective action must be made to prevent similar incidents.</p>
2. DEFINITIONS:	<p>2.1 Incident: A category of incidents or losses which may involve property or general liability, and individuals. These types of incidents should be investigated by the supervisory personnel in charge of the specific property or equipment involved in the incident.</p>
3. INCIDENT REPORTING:	<p>2.1 Added Named Insured Community Organizations shall report all incidents and complete Schedule "A": Incident Report Form.</p> <p>2.2 Added Named Insured Community Organizations shall report all incidents to the Smoky Lake County's Safety Officer within 48 hours of being aware of such incident(s).</p>
<p>Incident forms will be documented as per Policy Statement No. 14-B.04-01: Added Named Insured: Record Keeping Guidelines.</p>	

	Date	Resolution Number
Approved	February 19, 2009	# 254-09 - Page # 8873
Amended		
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SCHEDULE "A"

INCIDENT REPORT FORM

INSTRUCTIONS:

- 1. Please provide as much detail as possible.
- 2. Send the completed form to your municipal representative promptly (within 48 hours).
- 3. Keep a copy of this form and all photos and attachments for your records.

INCIDENT DETAILS:

Date of Incident: _____ Time: _____ Date reported: _____ Time: _____

Location / facility name: _____

Additional Named Insured (ANI) group: _____

Municipality / County / MD: _____

Use of facility at time of incident: _____

Report by: Name: _____

 Position: _____

 Phone Number(s): _____

Incident description: _____

BODILY INJURY:

Name of injured person: _____ Date of Birth: _____

Phone Number(s): _____ Address: _____

Description of Injury: _____

PROPERTY DAMAGE:

Name of Owner: _____

Phone Number(s): _____ Address: _____

Property involved: (vehicle, clothing): _____

Description of damage: _____

CONTRIBUTING FACTORS:

Note factors such as time of day, weather conditions, lighting, improper footwear, evidence of intoxication:

WITNESSES:

Name: _____

Address: _____

Phone Number(s): _____

Name: _____

Address: _____

Phone Number(s): _____

Name: _____

Address: _____

Phone Number(s): _____

SUPPORTING INFORMATION:

Was this incident reported to the police? Yes No Police file number: _____

Attach any photographs of the site where the incident occurred:

Name of photographer: _____

Date of photographs taken: _____

Phone Number(s): _____

Other attachments: (make note of any diagrams, statements, internal reports)

Signature: _____