

# On Premise Injury Report (non-employee)

**COYLEKILEY**  
INSURANCE AGENCY, INC.

**Complete this form following any incident, regardless of injury or refusal to provide personal information  
DO NOT PROVIDE COPY TO INJURED PARTY**

- Do not admit fault
- Take photos of the location/area of the incident
- Retain any video footage including prior, during, and after the incident
- Retain any defective equipment that may have contributed to the incident
- Call CoyleKiley Insurance at 815-987-2170 if claim assistance is needed
- Email/fax this report to CoyleKiley Insurance: [mcomstock@coylekiley.com](mailto:mcomstock@coylekiley.com) or 815-987-9862

Date of report \_\_\_\_\_

Photos Taken: Yes/No

Video Saved: Yes/No

## Insured

Name of insured/business \_\_\_\_\_ Phone \_\_\_\_\_

## Incident

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_ Date notified \_\_\_\_\_

Address & exact location on premises where incident took place \_\_\_\_\_  
(include diagram on back)

Manager/employees on duty \_\_\_\_\_

## Injured party

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Any sign of physical impairment \_\_\_\_\_

Wearing glasses: Yes/No Type and Condition of shoes worn \_\_\_\_\_

## Incident details

Description of how incident occurred (including surface condition, obstructions, defective equipment):

\_\_\_\_\_

Weather conditions \_\_\_\_\_

Description of injury (including body part(s) involved) \_\_\_\_\_

\_\_\_\_\_

Description of treatment given or if first aid was denied \_\_\_\_\_

\_\_\_\_\_

Name of police, ambulance, or fire department contacted \_\_\_\_\_

Incident report number if available \_\_\_\_\_

Name of medical treatment facility where injured party was taken \_\_\_\_\_

**Witnesses** (name, address, phone)

\_\_\_\_\_

## Person completing form

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

The recommendations provided are general in nature, unique circumstances may not warrant or require implementation of some or all of the safety suggestions.

There may be additional available safety procedures that are not referenced.