



JUBILEE INSURANCE AGENCIES

2510 Sparrow Drive, Nisku, Alberta T9E 8N5
Telephone: (780) 955-3639 Fax: (780) 955-3615

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 record

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: _____			
Reported 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: _____	



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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 Photographs Taken: _____

Phone Number(s): _____

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

Signature: _____