

Incident Report Explanation and Instructions

The Incident Report (IR) layout is intended to maximize the immediate information gathering and reporting at the time of an incident.

An explanation of the overall use; **DO NOT PROVIDE** this entire document to the patron or his representative. The only thing that will be provided, upon request, is the first page.

This page has general information and may include the patron's statement. As this would be provided at the time of the incident, it would be expected that the "Club/Venue Information" and the "Contact Information for Person Filing Report" would not be completed, certainly not in full, at the time of the patron's request. If you utilize this page for the Patron to write a statement, have him/her sign and date it. If possible, you may also wish to obtain a copy of the patron's driver's license.

The "Witness Statement Page" is intended to be used for statements; therefore it needs to be preprinted and available for staff use at the time of an incident. Anticipating that it may not be transmitted at the same time as the IR, it has "tag" information at the top to allow matching up with a previously submitted IR. That tag information is: "Insured Name," "DOI" (Date of Incident) and "Patrons Name." "Patrons Name" is the name of the patron from the first page, the name of the injured patron, the name of the patron with the potential complaint. This is not the name of the "Witness" (unless you are using this to obtain a statement from the injured/complaining patron).

Please do not make other changes to the form. The email address for transmission is claims@rmshg.com. If there is an Agent or Broker on file, *you* should provide him or her a copy of the IR. **NOTE: Use of Contracted or Third Party Security does not alleviate the necessity of reporting Incidents.**

You must coordinate with the contractor to assure that he or she is are communicating to you all Incidents and that these in turn are forwarded to us. **Incident reporting remains the Insured's responsibility.**

The expectation is that under the following circumstances an IR will be completed and forwarded: any instance of medical/first aid treatment, any law enforcement involvement, any ejection, any slip and fall, any altercation, anyone found unconscious, and any other time you may feel an incident occurs which may result in action against you.

If in doubt, please fill in and report.



Incident Report

*Must complete a separate report for each incident.

RMS Hospitality Group 100 Ring Road West Suite 202 Garden City, NY 11530 516.742.8585 claims@rmshg.com

	e information									
Insured Name:	Trading Name:									
Date of Report Completion:										
Date of Incident (DOI):	Time of Incident: AM PM Shift Day:									
Insured Location:										
Contact Information for Person Filing Report										
Full name:	Best Contact Time(i.e. M-W; 8-5):									
Phone: EXT:	Cell Phone:									
Fax:	Email:									
Patron Information										
Full name: D/L or SS# State:										
Mailing Address:	Occupation:									
City: State: Zip:	Best Contact Time(i.e. M-W; 8-5):									
Daytime Phone #: Eve. Phone #:	Cell Phone:									
Email:										
DOB: Race: Sex: Height:	Weight (lbs): Hair: Eyes:									
Alone Yes No Companion Information:										
Do you wear glasses/Contacts? Yes No Were th	ey in use? Yes No									
Patron S	Statement									
	nformation									
Where there visible injuries to patron? Explain:	Yes No									
Was the need for medical treatment apparent?	Yes No									
Were medical services offered?	Yes No									
Was ambulance requested?	Yes No									
If yes, provide Company and EMT name:										
Were medical services refused? If yes, provide name & Num	nber Yes No									



Incident Report Detail Page/s 3

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Incident Information								
Lighting: Normal Other:								
Was the area inspected immediately for	llowing the incide	nt? Yes	No By W	hom?				
Patron Foot ware?			•					
Composition of floor: Carpet, Til	e, Cement,	Other						
Slope, Fla								
Immediate Surface Condition: Clea	·	r:						
Photos Taken:	Yes No	<u> </u>						
Camera Coverage:	Yes No	Tape/Medi	ia Copied?	Yes	No			
Location of Incident:	100 110	rapormou	а сорюс.	. 00				
Location of molecule.								
Non-Employee Witness:								
Full name:	Email:			Cell Phone:				
Phone:	EXT:	Best Contact T	ime(i e M-\					
Employee Witness:	LXII.	Dest Contact 1	11110(1.0. 101	14, 0 0).				
Full name:	Email:			Cell Phone:				
Phone:	EXT:	Best Contact T	ime(i e M-)					
Job Position:	LXI.	Desi Contact 1	iiiie(i.e. ivi-	7V, U-U).				
Was the patron noticeably intoxicated?	1	Yes	No					
How could you tell?		165	NO					
Was the patron cooperative?		Yes	No					
Was anything noticeable before or afte	r the incident?	Yes	No					
Explain:	r the incluent?	res	NO					
Explain.								
Was notron solved to leave the promise	202	Yes	No					
Was patron asked to leave the premise Was patron escorted off premises?	:5 !	Yes		hom?				
		Yes	No By W No	HOH!				
Did patron physically resist? If yes, How?		res	NO					
ii yes, now?								
Law Enforcement Information:								
Were Law Enforcement Notified?		Yes	No					
Date/Time of Arrival:			15					
Was a police report written?		Yes	No Rep	oort # :				
Citation # or Charge/Arrest :								
Officer Name: Ba	adge #:	Departme	ent:	Pre	ecinct:			
Incident Description:								
.								
Description of injury/damage:								



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Insured Name:			DOI:		Patron's Name:						
Witness Statement											
Full name:				D/L or SS# State:							
Mailing Address:				Occupation:							
City:						Best Contact Time(i.e. M-W; 8-5):					
			Eve. Phone #:			Cell Phone:					
Email:											
DOB:	Ra	ce:	Sex:		Height:		Weight (lbs):	Hair:		Eyes:	
Relationship to P	atro	n: Relative		Frienc		Acquainta	nce	No	ne		
Statement:						•					
I have read this s	tate	ment and affirm	n to th	ne truth a	nd accuracy	of the fact	ts contained he	rein. This	staten	nent was	
completed at (Loc	catio										
Print Your Name:											