

**Incident Report Form**

**Nexo Insurance Services, Inc.**

**License No. OE14627 • Phone: (310) 937-2007**

**Submit completed report to** **info@nexoins.com** **or fax to (310) 937-1127.**

**Basic Information**

|  |  |
| --- | --- |
| **Company name** |  |
| **DBA** |  |
| **Person completing/submitting this form:** |
| **Name** |  |
| **Position/Title** |  |
| **Phone number(s)**  |  |
| **Email address(es)** |  |

**Incident Information**

|  |  |
| --- | --- |
| **Date of incident** |  |
| **Time of incident** | [ ]  **AM** [ ]  **PM** |
| Mark all that apply. | [ ]  **Before class** [ ]  **During class** [ ]  **After class** [ ]  **During open gym** |
| **Location of incident** |  |
| Mark all that apply. | [ ]  **Inside class space** [ ]  **Outside/Parking lot** [ ]  **Restroom** [ ]  **Common Area** |
| **Body part(s) injured** | [ ]  **Ankle** [ ]  **Knee** [ ]  **Leg** [ ]  **Foot** [ ]  **Toe** [ ]  **Arm** [ ]  **Hand** [ ]  **Shoulder** [ ]  **Wrist** [ ]  **Finger** [ ]  **Eye** [ ]  **Ear** [ ]  **Nose** [ ]  **Head** [ ]  **Tooth** [ ]  **Back** [ ]  **Neck** [ ]  **Internal** [ ]  **Other** [ ]  **No injury** |
| **Type of injury** | [ ]  **Abrasion** [ ]  **Burn** [ ]  **Cardiac Arrest** [ ]  **Cold injury** [ ]  **Concussion** [ ]  **Contusion** [ ]  **Dislocation** [ ]  **Foreign body** [ ]  **Fracture** [ ]  **Heat exhaustion** [ ]  **Laceration** [ ]  **Nausea** [ ]  **Pain** [ ]  **Rhabdomyolysis** [ ]  **Seizure** [ ]  **Sprain** [ ]  **Sting/Bite** [ ]  **Strain** [ ]  **Stroke**  |
| **Cause of injury** | [ ]  **Collision** [ ]  **Struck by object** [ ]  **Animal/Insect bite/sting** [ ]  **Slip/Fall** [ ]  **Assault/Sexual assault** [ ]  **Property damage** |
| **Outcome** | [ ]  **No care given:** [ ]  Not needed [ ]  Patient refused[ ]  **Released:** [ ]  To spouse/friend [ ]  To self[ ]  **Referred:** [ ]  To doctor [ ]  To hospital/clinic[ ]  **EMS Transported:** [ ]  Patient/Spouse requested |
| **Police report filed** | [ ]  **Yes** [ ]  **No**  |
| Police report number |  |
| Officer’s name |  |
| Officer’s contact information |  |
| **Describe how the incident, injury or property damage occurred in full detail.** |  |

**Affected Party**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Phone number(s)** |  |
| **Email address(es)** |  |
| **Birth date** |  |
| **Relationship to affiliate** | [ ]  **Owner** [ ]  **Staff** [ ]  **Member** [ ]  **Drop-in** [ ]  **Spectator** [ ]  **Non-athletic participant visitor** |
| **Does the injured party have health insurance?** | [ ]  **Yes** [ ]  **No** |
| Name of health insurance provider |  |
| Policy number |  |
| Employer name |  |
| Employer address |  |

**Witness Information**

**If possible, gather and attach witnesses’ written statements.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Phone number** |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

**Please note any other comments relevant to the circumstances of the incident below.**

|  |
| --- |
|  |

**Signature**

**Date**