



INCIDENT REPORT NOTICE OF INJURY

PLEASE COMPLETE AS MUCH DETAIL AS POSSIBLE AND FAX TO
CAPRI INSURANCE SERVICES LTD. (250) 860-1213 PH. 1-888-668-4441
OR EMAIL reception@capri.ca

Date of Loss	Time of Loss
Episcopal Corporation Name:	
Location Name	
Address of Incident	
Location of Loss (if different)	
Contact Person	Telephone #
Fax #	Cellular #
Accurate description of the occurrence	

INJURED PARTY	
Name	Age
Address	Phone No.
Extent of Injury (if known)	

CONTRIBUTING FACTORS	
Weather Conditions (tick all that apply): Clear <input type="checkbox"/> , Dry <input type="checkbox"/> , Sunny <input type="checkbox"/> , Cloudy <input type="checkbox"/> , Raining <input type="checkbox"/> , Fog <input type="checkbox"/> , Snowing <input type="checkbox"/> , Daylight <input type="checkbox"/> , Dusk <input type="checkbox"/> , Dark <input type="checkbox"/> , Other (describe)	
Road/Sidewalk Conditions: (tick all that apply): Paved <input type="checkbox"/> , Gravel <input type="checkbox"/> , Sidewalk <input type="checkbox"/> , Footpath <input type="checkbox"/> , Wet <input type="checkbox"/> , Dry <input type="checkbox"/> , Icy <input type="checkbox"/> , Snow-covered <input type="checkbox"/> , Other (describe)	
If snow or ice related: Date, Time and approx. amount of last snowfall	
General Observations: Footwear-Type	Eyeglasses: Yes <input type="checkbox"/> No <input type="checkbox"/> Pets: Yes <input type="checkbox"/> No <input type="checkbox"/>
Carrying anything: Yes <input type="checkbox"/> No <input type="checkbox"/>	Alcohol or Drug Involvement: Yes <input type="checkbox"/> No <input type="checkbox"/>
PHOTOGRAPH AREA: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date & Time Taken By Whom

WITNESSES (attach written statements if available)	
1. Name	Phone No.
Address	
Comments	
2. Name	Phone No.
Address	
Comments	

Who assisted the person/action taken:	
Name of Person Providing Report	
Date Reported to Capri Insurance	Time

FOR CAPRI INSURANCE USE ONLY	
Date Claim Report Received _____	Claim # _____
Adjuster Assigned _____	
Claims Procedures Taken _____	