



## **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@rmsmg.com](mailto:claims@rmsmg.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  
 1051 Franklin Avenue  
 Garden City, NY 11530  
 516.742.8585  
 submit@rmshg.com

## Club/Venue 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 they in use? Yes No			

## Patron Statement

Please provide all the relevant information here:

## Medical Information

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? If yes, provide Company and EMT name:	Yes	No
Were medical services refused? If yes, provide name & Number	Yes	No



# Incident Report

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## Incident Information

Lighting:	Normal	Other:			
Was the area inspected immediately following the incident?    Yes    No    By Whom?					
Patron Foot ware?					
Composition of floor:	Carpet,	Tile,	Cement,	Other	
	Slope,	Flat,	Stair		
Immediate Surface Condition:	Clear	Dry	Other:		
Photos Taken:	Yes	No			
<b>Camera Coverage:</b>	Yes	No	Tape/Media Copied?	Yes	No
Location of Incident:					

### Non-Employee Witness:

Full name:	Email:		Cell Phone:		
Phone:	EXT:	Best Contact Time(i.e. M-W; 8-5):			

### Employee Witness:

Full name:	Email:		Cell Phone:		
Phone:	EXT:	Best Contact Time(i.e. M-W; 8-5):			

Job Position:					
Was the patron noticeably intoxicated?		Yes	No		
How could you tell?					
Was the patron cooperative?		Yes	No		
Was anything noticeable before or after the incident?		Yes	No		
Explain:					
Was patron asked to leave the premises?		Yes	No		
Was patron escorted off premises?		Yes	No	By Whom?	
Did patron physically resist?		Yes	No		
If yes, How?					

### Law Enforcement Information:

Were Law Enforcement Notified?		Yes	No		
Date/Time of Arrival:					
Was a police report written?		Yes	No	Report # :	
Citation # or Charge/Arrest :					
Officer Name:	Badge #:	Department:		Precinct:	

Incident Description:					
Description of injury/damage:					



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Insured Name:	DOI:	Patron's Name:
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### Witness Statement

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:
Relationship to Patron:	Relative	Friend	Acquaintance	None		

Statement:

I have read this statement and affirm to the truth and accuracy of the facts contained herein. This statement was completed at (Location):

Print Your Name:		
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