

Visitor/Client Post Incident/Accident Analysis (DA 3000)

[This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com]

**OFFICE OF RISK MANAGEMENT
UNIT OF RISK ANALYSIS AND LOSS PREVENTION
VISITOR/CLIENT ACCIDENT REPORTING FORM
General Liability Claims – For Agency Use Only**

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED**

(PLEASE TYPE OR PRINT)

1. AGENCY NAME and LOCATION CODE _____

2. DATE and TIME of ACCIDENT _____

3. VISITOR/CLIENT NAME _____

4. VISITOR/CLIENT ADDRESS _____

5. CLAIMANT'S TELEPHONE # _____

6. CLAIMANT DETAIL DESCRIPTION OF HOW ACCIDENT OCCURRED

7. DID THE EMPLOYEE ASK THE CLAIMANT IF HE/SHE WAS INJURED? ___Y ___N

8. DID THE CLAIMANT VERBALLY EXPRESS AN INJURY TO ANY PART OF HIS/HER BODY? ___Y ___N

9. IF THE CLAIMANT EXPRESSED AN INJURY, WHAT PART OF HIS/HER BODY DID THEY STATE WAS INJURED? PLEASE BE SPECIFIC (I.E. RIGHT FOREARM, LEFT WRIST, LOWER RIGHT ABDOMEN) _____

10. IF THE CLAIMANT EXPRESSED INJURY, WAS MEDICAL CARE OFFERED? ___Y ___N

11. DID THE CLAIMANT ACCEPT OR DECLINE MEDICAL CARE? ___ACCEPT ___DECLINE

12. WERE THERE WITNESS (ES) ___Y ___N

13. WITNESS'S NAME, ADDRESS, and TELEPHONE # (use additional sheet if needed)

14. WITNESS STATEMENTS ATTACHED ___Y ___N

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15. DETAIL DESCRIPTION OF ACCIDENT LOCATION _____

IS THIS LOCATION IN A STATE-OWNED OR LEASED BUILDING

16. DID THE PERSON CONDUCTING THE INVESTIGATION OBSERVE ANYTHING THAT WAS DIFFERENT THAN THE VISITOR'S/CLIENT'S/WITNESS'S ACCOUNT ___Y ___N IF YES, WHAT

17. CHECK THE APPROPRIATE ENVIRONMENTAL CONDITION THAT IS APPLICABLE TO THE ACCIDENT: RAINING SUNNY
 CLOUDY FOGGY COLD HOT LIGHTING WIND
 OTHER WEATHER CONDITION _____ WEATHER NOT A FACTOR

18. CHECK THE APPROPRIATE BOX (S) THAT PERTAINS TO THE ACCIDENT: LIQUID ON FLOOR—TYPE OF LIQUID
_____ STAIRS PARKING LOT GARAGE SIDEWALK ELEVATORS GRATING
 SPONSORED ACTIVITY DORMITORY WAITING ROOM WALKWAYS RAILINGS FURNITURE
 FLOORING—DESCRIBE THE TYPE OF FLOOR AND TYPE OF WAX _____
 EQUIPMENT (SPECIFY TYPE) _____
 OTHER CONDITION _____

19. IF THE ACCIDENT INVOLVED ITEMS THAT CAN BE RETAINED (i.e. furniture, muffler, exam table), THE CLAIMS UNIT REQUIRES THAT THE ITEM BE TAGGED WITH THE DATE OF ACCIDENT AND NAME OF CLAIMANT. IF THE ITEM IS BROKEN OR DAMAGED, IT MUST BE PLACED IN A SECURED AREA AFTER BEING TAGGED. THE TAG CANNOT BE REMOVED OR THE BROKE/DAMAGE ITEM CANNOT BE SURPLUS/DISCARDED UNTIL NOTIFIED BY THE CLAIMS UNIT. IF APPLICABLE, WAS THIS DONE Y___ N___

20. WAS THE CLAIMANT AUTHORIZED TO BE IN THIS AREA ___Y ___N

21. DID ANY EMPLOYEE OBSERVE ANYTHING BEFORE/AFTER THAT IS REVELANT TO THE ACCIDENT ___Y ___N IF YES, WAS A STATEMENT OBTAINED AND ATTACHED ___Y ___N

22. DID THE SUPERVISOR OR AGENCY SAFETY OFFICER RECEIVE A REPORT OF ANY OBSERVED CONDITIONS? ___Y ___N

23. WERE PICTURES TAKEN AND ARE THEY ATTACHED TO REPORT? Y_____ N_____

24. NAME AND POSITION OF EMPLOYEE FILLING OUT THIS REPORT

PLEASE DATE

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