



**IBC**  
Insurance Bureau  
of Canada



# Incident and Accident Reporting

## Sample Incident Report

Date of Incident: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ Time Reported: \_\_\_\_\_

Specific Location: \_\_\_\_\_

Reporter Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Phone Number(s): \_\_\_\_\_

Incident Description (Reporter): \_\_\_\_\_

---

---

---

---

---

Incident Description (Witness, if available): \_\_\_\_\_

---

---

---

---

---

---

Preventable (circle one):                      Yes                      No

Suggested Corrective Action: \_\_\_\_\_

---

---

---

---

---

---

---

Signature of Reporter: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_