



# INSURANCE AGENCY

## A Risk Management Guide to Incidents, Accidents, and Injuries

---

Includes a General Facility Checklist

By: Ryan E. Gillenwater  
FEC Insurance Agency President / Owner  
FEC Insurance Agency, LLC  
[Ryan@FECINS.com](mailto:Ryan@FECINS.com) | [FECINS.com](http://FECINS.com)



## **Responding the incident**

- Secure the area to prevent further injury.
- Offer assistance & First aid if needed.
- Remember to never move someone who is unconscious or may have neck injuries.
- Call for emergency medical assistance, when required. If able have a manger call 911.
- Demonstrate understanding and concern.
- As soon as possible notify a manager.
- Never give assurances that medical bills “will be taken care of”.

## **Document the Incident**

- Promptly complete the incident report.
- Complete the form at the incident site.
- Take pictures when completing the report.
- Review with the injured person and have them sign.
- Provide signed form to management.
- Never give a copy to the injured person.

## **Keep an Incident File and Review**

- Keep a copy of all:
  - o Incident reports
  - o Security video
  - o Pictures
  - o Maintenance logs
- Review incident reports to identify problem areas.
- Correct identified problems.

## **Suspicious Claims**

There may be times when a claim seems suspicious. Be courteous and render whatever aid is necessary, and obtain as much information as possible. Hold your thoughts and beliefs for discussion with the insurance company. Do not convey these beliefs to the claimant at the time of the accident.

## **Preventative Actions**

- Facility inspections.
- Utilizing a check list.
- Reviewing procedures.
- Rule and instructions clearly communicated.
- Warning signs.
- Marked transitions.
- Training.

This publication is designed to provide risk management information. Although we believe the information is reliable, we make no representation or warranties of any kind and do not guarantee its accuracy. We are not responsible for any loss or damage that may result from the information contained herein.

# GO – KART INCIDENT PROCEDURES

## IN A SITUATION WHERE SERIOUS INJURY OCCURS

1. The Track employee should immediately stop the race
2. Use the Radio to contact a manager to come to the track
3. **Never help and or remove a person that cannot get themselves out of the kart or someone who is unconscious.**
4. Keep the guest calm
5. Never assume fault or speculate on the incident
6. Safely remove any other drivers from the track

---

### 7. After guest is removed from the track and before moving the kart back to the pits:

- a. To be recorded by security cameras, drive kart one lap around track demonstrating breaks and steering are properly working
  1. Make “S” type turns to show left and right steering is working
  2. Accelerate to speed and apply breaks to a full stop several times to show breaks are propyl working.
- b. Manger to inspect kart and make written notes of inspection before reusing kart

---

### In the event of a “SPINOUT” or wreck that is not serious:

1. Use the Spin out command on the control system or stop all cars
2. Confirm that no driver are injured and ask is any driver involved would like to exit the track.

# COMPLETING INCIDENT REPORT

## MANAGER ON DUTY SHOULD COMPLETE AN INCIDENT REPORT

1. Complete the report as soon as possible and with as much information
2. Report should be typed before sent it insurance company
3. **Take pictures of:**
  - a. Injured person
  - b. Area injury occurred
  - c. Kart involved (inside and outside)
  - d. Save video footage of incident
  - e. Get witness information
4. Attached signed waiver
5. Attach most current inspection report and maintenance logs for kart involved



# INSURANCE AGENCY

---

## INCIDENT REPORT

---

### SLIP, TRIP OR FALL

#### General Information

Name of person injured? \_\_\_\_\_

Address? \_\_\_\_\_

Home & Cell Number? \_\_\_\_\_

Email? \_\_\_\_\_

Date of Birth? \_\_\_\_\_ (If minor parents name: \_\_\_\_\_)

Date & Time of incident? \_\_\_\_\_

Location where incident occurred? : \_\_\_\_\_

#### The incident

What injuries were sustained? \_\_\_\_\_

How did the incident happen? \_\_\_\_\_

Did the person fall forward or backwards? \_\_\_\_\_

Fell on which body part? \_\_\_\_\_

Was medical personnel called to the scene? Who? \_\_\_\_\_

Were there witnesses? \_\_\_\_\_

List witness(es) names and telephone numbers: \_\_\_\_\_

#### Individual's activity

What were you doing when the incident occurred? \_\_\_\_\_

Were you changing direction or turning a corner? \_\_\_\_\_

Were you in a hurry? \_\_\_\_\_

Were you carrying or pushing anything that blocked your view? \_\_\_\_\_

Did you have small children with you? \_\_\_\_\_

Were you talking with someone? \_\_\_\_\_

Was your attention distracted? If so, by what? \_\_\_\_\_

## Footwear

What type of footwear was being worn? (sandals, high heels, etc.) \_\_\_\_\_

Was footwear in good condition before the incident? \_\_\_\_\_

Was footwear in good condition after the incident? (broken straps, loose sole or heels, etc.)

\_\_\_\_\_

What was the heel material? (rubber, leather, missing, etc.) \_\_\_\_\_

What was the sole material? \_\_\_\_\_

Do you think the footwear contributed to the incident? \_\_\_\_\_

## Concerning incident scene

Type of walkway? (stairway, ramp, level floor, parking lot, etc.) \_\_\_\_\_

Type of walking surface? (ceramic, tile, wood, carpet, etc.) \_\_\_\_\_

Was there a transition in walking surface? (carpet to marble, wood to tile, etc.)

\_\_\_\_\_

If incident on a slope or stairs, ascending or descending? \_\_\_\_\_

Was the surface in good condition? (even, unbroken, etc.) \_\_\_\_\_

Surface contaminated? (wet, oily, dirty, etc.) \_\_\_\_\_

Were there any other contributing conditions? (broken railing or step, uneven floor, etc.) \_\_\_\_\_

Were there any signs posted warning of dangerous conditions or urging caution? \_\_\_\_\_

Was weather a factor in the incident? If so, describe how. \_\_\_\_\_

Was lighting a contributing factor? Describe lighting. (artificial or natural, glare from floor, too dim, etc.) \_\_\_\_\_

## Additional information

Supply any other relevant information leading up to or immediately following this incident.



---

## INCIDENT REPORT

---

### General Information

Facility Name

Address

Phone Number

Manager on Duty

Employee completing Form

Date of Injury

Time of Injury

Location of Injury

### Injured Person Information

Name

Date of Birth

Address

Home/Cell Number

Email

### Witness Information

Name

Address

Home / Cell Number

### Witness Information

Name

Address

Home / Cell

### Details of Accident / Injury

#### Describe if any First aid / Treatment administered

Was EMS Called: YES. NO.

Time of Call

Time arrived

Time left

Personnel Name

Describe treatment given

Was injured taken to hospital:

YES. NO.

