Incident Report – Travel Incident Claim

To be completed for incidents not related to Auto, Liability, or Property coverage's for which other forms have to be used.

If the incident appears serious or if severe injury has occurred report immediately to Risk Management, Department of Finance, Iqaluit telephoned at (867) 975-5825 or (867) 975-5845 or email: riskmanagement@gov.nu.ca

Person Reporting			
Name:	Title:		
Phone:	Departme	ent:	
Settlement:	Region:		
Details of the Incident			
Date of Occurrence:	Time of C	Time of Occurrence:	
Location (be specific):			
Description of Occurrence): -		
Please indicate the purpos	se of the trip and attach all perti	nent documents and details:	
Please indicate the purpos	se of the trip and attach all perti	nent documents and details	
Please indicate the purpos	se of the trip and attach all perti	nent documents and details	
		nent documents and details:	
		nent documents and details:	
If injury occurred, explain:		nent documents and details:	
If injury occurred, explain: Was scene attended by po	olice or medical personnel?	nent documents and details:	
If injury occurred, explain: Was scene attended by po Person who sustained inju	olice or medical personnel?	nent documents and details:	
If injury occurred, explain: Was scene attended by po Person who sustained inju Address:	olice or medical personnel? ury:	nent documents and details:	
If injury occurred, explain: Was scene attended by po Person who sustained inju Address: Employer: GN (What depa	olice or medical personnel? ury:	nent documents and details:	
If injury occurred, explain: Was scene attended by po Person who sustained inju Address: Employer: GN (What depa	olice or medical personnel? ury:	nent documents and details:	
If injury occurred, explain: Was scene attended by po Person who sustained inju Address: Employer: GN (What depa Or other Employer?:	olice or medical personnel? ury: artment?)		
If injury occurred, explain: Was scene attended by po	olice or medical personnel? ury:	nent documents and details:	
If injury occurred, explain: Was scene attended by portion of the properties of the	olice or medical personnel? artment?) 2 nd Witness Name:	3 rd Witness Name	
If injury occurred, explain: Was scene attended by po Person who sustained inju Address: Employer: GN (What depa Or other Employer?:	olice or medical personnel? ury: artment?)		
If injury occurred, explain: Was scene attended by portion of the properties of the	olice or medical personnel? artment?) 2 nd Witness Name:	3 rd Witness Name	

Date this Report Completed: