



INITIAL ACCIDENT/INCIDENT REPORT

Use only for Property and General Liability Claim reporting

Date of Report: _____ Date of Incident: _____ Time of Accident: _____ A.M. / P.M.

Name of Person Filing Report: _____ Phone number: _____

Address: _____

Exact Address and Location of Incident/Damage: _____

Description of Incident/Damage: _____

Cause of Incident/Damage: _____

Police Notified: Yes ___ No ___ Police Report Number: _____

Emergency Medical Attention needed: Yes ___ No ___

Name of Witness (if any): _____ Phone number: _____

Address: _____

Name of Witness (if any): _____ Phone number: _____

Address: _____

Signature of person filing report Date _____

Signature of person taking report Date _____