GENERAL LIABILITY INCIDENT REPORT

INSURED LOCATION

INSURED LUCATION						
Name & Address of Office/Location of Incident:			Date:			
Name and Title of Employee Completing This Report: (Required)			Telephone:			
Name & Title of Employee With Best Ki	nowledge of Incider	nt:				
Location of Incident: Acc		cident/Loss Date:		Time:		
INJURED PARTY (If Applicable)	·					
Name: (Last, First, Middle Initial)						
Address: (Street, City, State, ZIP Code)						
Telephone:	Date of Birth:		☐ Visitor ☐ Patient ☐ Employee			
Nature and Extent of Injuries: (Be as sp	necific as Possible)					
(Document accident description on reve	(Document accident description on reverse side of report)					
Examined by Physician: 🗌 Yes 🔲 N	0	911 Called: Yes	s 🗌 No			
Examined by Physician: Yes N Examining Physician Name:	0	911 Called: Yes	_			
		_	_			
Examining Physician Name:		_	_			
Examining Physician Name: PROPERTY LOSS/DAMAGE (If Applicable)	e)	_	S to:	☐ Patient ☐ Employee		
PROPERTY LOSS/DAMAGE (If Applicable Name of Property Owner:	е)	Transferred by EM	Telephone:	☐ Patient ☐ Employee		
PROPERTY LOSS/DAMAGE (If Applicable Name of Property Owner: Address: (Street, City, State, ZIP Code)	е)	Transferred by EM	Telephone:	☐ Patient ☐ Employee		
PROPERTY LOSS/DAMAGE (If Applicable Name of Property Owner: Address: (Street, City, State, ZIP Code)	е)	Transferred by EM	Telephone:	☐ Patient ☐ Employee		
PROPERTY LOSS/DAMAGE (If Applicable Name of Property Owner: Address: (Street, City, State, ZIP Code)	е)	Transferred by EM	Telephone:	Patient		
PROPERTY LOSS/DAMAGE (If Applicable Name of Property Owner: Address: (Street, City, State, ZIP Code) Description of Property, Nature and Ex WITNESSES Name of Witnesses: (Last, First, Middle)	tent of Damages: (Transferred by EM	Telephone: Visitor ble)	Patient		
PROPERTY LOSS/DAMAGE (If Applicable Name of Property Owner: Address: (Street, City, State, ZIP Code) Description of Property, Nature and Ex	tent of Damages: (Transferred by EM:	Telephone: Visitor ble)			
PROPERTY LOSS/DAMAGE (If Applicable Name of Property Owner: Address: (Street, City, State, ZIP Code) Description of Property, Nature and Ex WITNESSES Name of Witnesses: (Last, First, Middle 1. 2.	tent of Damages: (Transferred by EM:	Telephone: Visitor ble)			
PROPERTY LOSS/DAMAGE (If Applicable Name of Property Owner: Address: (Street, City, State, ZIP Code) Description of Property, Nature and Ex WITNESSES Name of Witnesses: (Last, First, Middle 1.	tent of Damages: (Transferred by EM:	Telephone: Visitor ble)			
Examining Physician Name: PROPERTY LOSS/DAMAGE (If Applicable Name of Property Owner: Address: (Street, City, State, ZIP Code) Description of Property, Nature and Extended to the state of Witnesses: (Last, First, Middle 1. 2.	tent of Damages: (Transferred by EM:	Telephone: Visitor ble)			

NOTE: Do not delay filing report with your general liability insurer. Keep a copy for your own records.

GENERAL LIABILITY INCIDENT REPORT (Cont'd)

Description of Accident:	
	L. Division
Use additional space for diagrams or continuation of accident comments. Attach any available photograpalso include photographer's name, date and time photos taken, along with a brief description of photo with a brief description of photos with a brief description of	
back of each picture.	itten on the
back of each picture.	