GENERAL LIABILITY INCIDENT REPORT

INSURED LOCATION

Name & Location of Incident:		**Date:**
Name of Employee Completing This Report:		**Telephone:**
Title of Employee Completing This Report:		**Email:**
Location of Incident:	**Accident/Loss Date:**	**Time:**

INJURED PARTY *(If Applicable)*

Name: (Last, First, Middle Initial)		
Address: (Street, City, State, ZIP Code)		
Telephone Primary:	**Date of Birth:**	☐ **Visitor** ☐ **Patient** ☐ **Employee**
Secondary Phone:	**Soc #:**	
Nature and Extent of Injuries: *(Be as specific as Possible – details can be outlined on page 2)*		
Examined by Physician: ☐ **Yes** ☐ **No** **Examining Physician Name:**	**911 Called:** ☐ **Yes** ☐ **No** **Transferred by EMS to:**	

PROPERTY LOSS/DAMAGE *(If Applicable)*

Name of Property Owner:		**Telephone:**
Address: (Street, City, State, ZIP Code)		☐ **Visitor** ☐ **Patient** ☐ **Employee**
DOB:	**Soc #:**	
Description of Property, Nature and Extent of Damages: *(Be as specific as Possible – details can be outlined on page 2)*		

WITNESSES OR INVOLVED STAFF

Name of Witnesses: (Last, First, Middle Initial)	**Role:**	**Contact Info:**
1.		
2.		
3.		

GENERAL LIABILITY INCIDENT REPORT *(Cont'd)*

Description of Accident or Event:

Use additional space for diagrams or continuation of accident comments. Attach any available photographs. Please also include photographer's name, date and time photos taken, along with a brief description of photo written on the back of each picture.

Clear Form