

GENERAL LIABILITY CLAIM REPORTING FORM

Site Code (If Applicable) _____ Phone Number: _____

Date of Report: _____ Date of Incident: _____ Time: _____ AM/PM

Reported by: _____ Title: _____

Type of Incident: Property Damage: _____ Injury: _____

Injury Treatment:

First Aid? **Yes/No** Refused? **Yes/No** EMS Called? **Yes/No** Transport? **Yes/No**

Injured Person/Damaged Property Owner Information:

Name: _____

Address: _____

Phone (home): _____ Phone (work): _____

Specific Location: _____

Conditions: _____

Description of Incident: _____

Witnesses Name: _____

Address: _____

Phone: _____

Signature of involved person _____ **Date:** _____

