



ACCIDENT/INJURY REPORT FORM

Property Name:

- Type of Loss: Property Loss – If yes, list type:
 Comprehensive Liability (e.g. slip & fall)
 Boiler & Machinery
 Other – Brief explanation

Nature of Loss (e.g. fire, wind, etc.):

Date of Loss or Occurrence:

Description of Loss of Occurrence:

Loss Prevention: *Please indicate any logical recommendation to prevent a future occurrence*

Complete following section if injury occurred:

Name of Injured Person:

Address:

Phone #:

Date of Birth:

Occupation:

Employer:

Why was this person on the premises?

Nature/Extent of Injury:

Hospital/Doctor Name:

Phone #:

Witnesses:

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____
