

## INCIDENT REPORT

IMMEDIATELY after the incident, complete this form, and email to:

Your GENERAL MANAGER

This report is an internal document – do not provide to anyone involved in the alleged incident.

### INSURED CONTACTS

<b>Name of Property :</b>	
<b>Name &amp; Phone # of Insured Contact:</b>	
<b>Were the Police called?:</b>	<input type="radio"/> Yes <input type="radio"/> No

### INCIDENT DETAILS

<b>Date and Time of Accident:</b>
<b>Location of Loss (Include City and State):</b>
<b>Contact Information for Claimant:</b>
<b>Description of Incident:</b>
<b>Description of Injury/ Damage:</b>
<b>What caused the incident?:</b>

### WITNESS

<b>Witness Contact Information:</b>
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### ACTION TAKEN

<b>Describe action taken:</b>
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