

## GENERAL LIABILITY BODILY INJURY REPORTING FORM

Insured Name: \_\_\_\_\_

### DESCRIPTION OF INJURY / INCIDENT

Date of Injury/Incident: \_\_\_\_\_

Location of Injury/Incident: \_\_\_\_\_

Description of Injury/Incident: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

### INJURED PARTY

Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Describe Injuries: \_\_\_\_\_

\_\_\_\_\_

Injured part was transferred to: \_\_\_\_\_ by: \_\_\_\_\_

What caused injuries? \_\_\_\_\_

\_\_\_\_\_

### WITNESS(ES)

Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

### COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reported By: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_