

## GENERAL LIABILITY INCIDENT REPORT

Address of Occurrence \_\_\_\_\_

Date of Occurrence \_\_\_\_\_

Time of Occurrence \_\_\_\_\_

Description of accident (describe sequence of events):  
Where (on site) the event occurred:  
The activity the person was engaged in when event occurred:  
The Equipment, Materials or Chemicals the person was using at the time of the event:  
Property damaged in the incident:  

### Damage to Property of Others:

Name of Owner \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Damaged Item \_\_\_\_\_

### Injured Parties:

Name \_\_\_\_\_

Extent of Injury \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_