

**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: \_\_\_\_\_