

IREDELL COUNTY GENERAL LIABILITY ACCIDENT REPORT

Immediately after a general liability loss, complete this form and send to the Risk Management Manager. Also include photos, videos, and witness statements.

Reporting Employee _____ Phone Number _____
Department _____
Location of Loss _____
Address _____ City _____ State _____ ZIP _____
Date of Loss _____ Time of Loss _____
Official Called to the Scene: Police _____ Fire _____ EMS _____
Officer Name: _____ Report Number _____

Claimant (Property Damage)

Owner _____ Home Phone # _____
Address _____ City _____ State _____ ZIP _____
Describe Property _____ Location _____

Claimant (Bodily Injury)

Name _____ Home Phone # _____
Address _____ City _____ State _____ ZIP _____
Occupation _____ Description of Injury _____

Description of Accident _____

Witnesses

Name _____ Home Phone # _____
Address _____ City _____ State _____ ZIP _____

Name _____ Home Phone # _____
Address _____ City _____ State _____ ZIP _____

Reporting Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Reporting Employee Print Signature

Supervisor Print Signature

Department Director Signature _____ Date _____

Department Director Print Signature