

## IREDELL COUNTY GENERAL LIABILITY ACCIDENT REPORT

Immediately after a general liability loss, complete this form and send  
to the Insurance Specialist in the Finance Department.

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

\_\_\_\_\_  
Department Head Signature                      Date