

Immediately after an accident fill out this form and send to:

Risk Management Office
P.O. Box 369
Ogdensburg, NY 13669

LOCATION
THIS ACCIDENT RESULTED IN:
<input type="checkbox"/> BODILY INJURY
<input type="checkbox"/> PROPERTY DAMAGE ONLY

ACCIDENT REPORT — GENERAL/PRODUCTS LIABILITY (DO NOT USE FOR AUTO)

CLIENT	
NAME	PHONE
ADDRESS	
CITY	STATE ZIP

ACCIDENT					
DATE OF LOSS	TIME OF LOSS	LOCATION OF LOSS	CITY	STATE	ZIP
OFFICIALS CALLED TO SCENE			IF SO, IDENTIFY		
<input type="checkbox"/> POLICE	<input type="checkbox"/> FIRE DEPT.	<input type="checkbox"/> AMBULANCE			

CLAIMANT (PROPERTY DAMAGE)					
NAME	ADDRESS	CITY	STATE	ZIP	PHONE
DESCRIBE DAMAGED PROPERTY	LOCATION OF PROPERTY	CITY	STATE	EXTENT OF DAMAGE	

CLAIMANT (BODILY INJURY)						
NAME	AGE	ADDRESS	CITY	STATE	ZIP	PHONE
OCCUPATION	DESCRIBE EXTENT OF INJURY					

DESCRIPTION OF LOSS

WITNESS					
NAME	ADDRESS	CITY	STATE	ZIP	PHONE
NAME	ADDRESS	CITY	STATE	ZIP	PHONE

IMPORTANT: HAS THIS ACCIDENT BEEN REPORTED TO OUR LOCAL EMERGENCY ADJUSTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF REPORTED, NAME OF FIRM _____	
ADDRESS _____	
DATE ASSIGNED _____	
DATE OF REPORT	SIGNATURE AND TITLE