

ACCIDENT REPORT



LOCATION							
NAME					PHONE		
ADDRESS							
CITY					STATE	ZIP	
ACCIDENT							
DATE OF ACCIDENT	TIME OF ACCIDENT	LOCATION OF ACCIDENT			CITY	STATE	ZIP
OFFICIALS CALLED TO THE SCENE <input type="checkbox"/> POLICE <input type="checkbox"/> FIRE DEPT. <input type="checkbox"/> AMBULANCE				IF SO, IDENTIFY			
INDIVIDUAL INJURED							
NAME		ADDRESS		CITY	STATE	ZIP	PHONE
DESCRIBE EXTENT OF INJURY							
DESCRIPTION OF ACCIDENT							
WITNESS							
NAME		ADDRESS		CITY	STATE	ZIP	PHONE
IMPORTANT: Does the accident need to be reported to Gallagher Insurance: 833-273-5479? <input type="checkbox"/> YES <input type="checkbox"/> NO							
DATE OF THIS REPORT		SIGNATURE AND TITLE					