

Accident/Injury Incident Report

Name: _____

Date of Accident: _____ Phone Number: _____

Location of Accident: _____

Time of Accident: _____

Witnesses: _____

Comments: _____

First Aid given? ☐ Yes ☐ No By whom? _____

Hospitalized? ☐ Yes ☐ No EMS Agency _____

Nature and extent of injuries: _____

How did the accident occur? _____

What job or activity was being engaged in at time of injury? _____

Describe any conditions, methods or practices related to the accident: _____

Scan and email a copy to your insurance agency

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