

ACCIDENT/INCIDENT REPORT FORM (OTHER THAN AUTO)

Please submit this form to M3 Insurance Solutions for Business at

Fax: (608) 273-1725 E-mail: info@m3ins.com

Company Name & Address: _____

Telephone: _____ Date: ____ / ____ / ____ Supervisor: _____
 Employee Completing Report/Title: _____

TYPE OF INCIDENT

- _____ Injury to Person (Note: For Employee Injury, complete Employers First Report)
- _____ Damage to Company Property
- _____ Damage to Other's Property

DATE OF INCIDENT: ____ / ____ / ____

Time: ____:____ AM/PM Weather Conditions: _____

Location of Accident/Incident: _____

Photos Attached? Yes No Will follow

WHO WAS CALLED? _____ Date: ____ / ____ / ____ Time: ____:____ AM/PM
 Site Manager: _____ Other's Insurance Agency: _____
 Police or Fire Called: _____ Ambulance Used: _____

WHAT HAPPENED? _____

What was the alleged cause? _____

Who reported the incident to you? _____

PROPERTY DAMAGE:

What was damaged? _____

 Owner/Address/Phone of Damaged Property:
 (Other than company's) _____

 Estimated Cost of Damage: _____

Witnesses - Names & Phone Numbers:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

INJURY:

Name of Injured Persons: _____

 Address: _____

 Phone: _____
 Resident? Yes No
 If visiting, who? _____
 Approx. Age of Injured Person: _____
 Any Previous Health Issues? Yes No
 If so, what? _____

 Did Person Seek Medical Attention: Yes No
 When? _____
 What is the Injury? _____

 Any corrective action taken? Yes No _____