

ACCIDENT/INCIDENT REPORT FORM (OTHER THAN AUTO)

Please report to Barb Hensler at (608) 288-2877 or 1-800-272-2443

Fax: (608) 273-1725 E-mail: barb.hensler@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 _____