



M3 Insurance Solutions, Inc.  
 828 John Nolen Drive  
 Madison WI 53713  
 T 608.273.0655 F 608.273.1725  
 www.m3ins.com

**ACCIDENT/INCIDENT REPORT FORM (OTHER THAN AUTO)**

Claims Facilitator: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employee Completing Report/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**TYPE OF INCIDENT**

- Injury to Person (non-employee)
- Damage to Company Property
- Damage to Other's Property

**DATE OF INCIDENT:** \_\_\_\_\_

Time: \_\_\_\_\_ Weather Conditions: \_\_\_\_\_

Location of Accident/Incident: \_\_\_\_\_

Photos Attached? Yes No Will follow-up

Manager on duty: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee first notified: \_\_\_\_\_ Phone: \_\_\_\_\_

Police/Fire/Ambulance Department name: \_\_\_\_\_

What Happened? \_\_\_\_\_

Name of person that alerted you of the incident: \_\_\_\_\_ Phone: \_\_\_\_\_

**INJURY to Person (non-employee):**

Name of Injured Person: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Approximate Age of Injured Person: \_\_\_\_\_

Any observable Previous Health Issues? Yes No If so, describe: \_\_\_\_\_

Was Medical Attention sought: Yes No When: \_\_\_\_\_

What is the Injury? \_\_\_\_\_

**PROPERTY DAMAGE:**

What was damaged? \_\_\_\_\_ Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Estimated Cost of Damage: \$ \_\_\_\_\_

**WITNESSES - Names & Phone Numbers:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_