State of Vermont
Office of Risk Management
6 Baldwin St.
Montpelier, VT 05633-3801
(802) 828-2899 PHONE - (802) 828-0410 FAX
Sov.riskhelp@state.vt.us

# GENERAL LIABILITY REPORT OF ACCIDENT

VERMONT

## STATE EMPLOYEE INFORMATION

State Agency Involved: Address:

Name of State Employee Involved: Phone No. & Email:

Supervisors Name: Phone No. & Email:

## INCIDENT LOCATION

Date & Time of Incident: Incident Location City & State:

Does the State of VT own the incident location building? Yes No If no, see below for additional instructions.

If the State of VT does not own the building, please provide the building owner's name and contact information with a copy of the lease agreement if available.

Building Owner Name & Contact Info:

Date First Notified of Incident: Notified by Whom:

## CLAIMANT AND/OR INJURED PERSON INFORMATION

Name of Claimant/Injured Party: D.O.B:

Address:

Home/Cell Phone: Work Phone: Email:

Describe the Incident Below:

## INJURY INFORMATION (Body Parts Involved)

Brief Description of Claimant's Injury. List any prior injuries, symptoms or treatment for the same body parts(s) and all treating providers.

Fatality: Yes No Was Emergency Care Needed (Hospital): Yes No

If so, What Hospital:

Was Additional Treatment Needed: Yes No

Name & Address of Your Primary Care Provider:

## AUTHORITIES DESCRIPTION OF THE INCIDENT

Were the Police Notified: Yes No If yes, What City/Town Responded Police Report No.

Weather Conditions at the Time of the Accident:

## PROPERTY DAMAGE

Property Owner: Cell/Home Phone No.:

Property Address:

Description of Property: Estimated Cost of Repair (Attach Documentation):

## WITNESSES

Witness Name: Cell/Home Phone No.:

Witness Address:

Witness Name: Cell/Home Phone No.:

Witness Address:

Preparer: Date: