LYONS COMPANIES

Carrier: _____
Policy #: _____
Effective Date: _____

General Liability Reporting Form

ACCOUNT INFORMATION

Account: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone Number: _____

INJURED PERSON

Name: _____ Age: _____ Sex: _____ M _____ F

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Secondary Phone Number: _____

Date of Birth: _____

Occupation: _____ Employed By: _____

DESCRIPTION OF INCIDENT

Date of Incident:_____ Time of Incident: _____

Exact Location: _____

What was the injured person doing at the time of the incident: _____

_____

Type of injury/Body part injured: _____

Was there supervision at the time of the incident? Yes _____ No _____

If yes, by whom? _____

What was the supervision? _____

Please give a detailed description of the incident:_____

_____

_____

_____

Was First Aid administered? Yes _____ No _____ By whom? _____

What treatment was used? _____

For how long? _____

Was CPR used? Yes _____ No _____ For how long? _____

Was police or ambulance called? Yes _____ No _____ Time of Arrival: _____

Action taken by police or EMS: _____

Referred to hospital or doctor? Yes _____ No _____

Did they go to hospital or doctor? Yes _____ No _____

What hospital or doctor were they referred to? _____

If injured individual was a minor, was a guardian notified? Yes _____ No _____ When: _____

If not notified, explain why: _____

Name of staff assisting in incident: _____ Position: _____

WITNESSES

Please list ALL witnesses:

(1) Name: _____ Phone: _____

Address_____

(2) Name: _____ Phone: _____

Address_____

(3) Name: _____ Phone: _____

Address_____

MANAGEMENT STAFF ONLY

Follow-up Phone Call with injured party:

Date: _____Time: _____

Comments:_____

_____

_____

_____

_____

_____

General Manager's Signature: _____ Date: _____

Comments: _____

NOTE: Completion of this report does not imply liability. It is policy to record the details of any accident, injury or incident.