



## INCIDENT REPORT FORM

Insured Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM \_\_\_\_\_ Weather Cond: \_\_\_\_\_

Name of Injured person(s): \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Location of injury/accident: \_\_\_\_\_

Witnesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INJURY/ILLNESS

*Property Damage Information Continued on Next Page*

Body Part(s) Affected: \_\_\_\_\_  
(ear, hip, right knee, lungs, nose, etc.)

Type of Injury: \_\_\_\_\_  
(abrasion, concussion, sprain, laceration, fracture, hearing loss, chemical, etc.)

Did the injury/illness require a trip to the hospital? *(please circle)* YES NO

Name of Physician/Hospital (if applicable): \_\_\_\_\_

Physician/Hospital Phone Number: \_\_\_\_\_

Injury/Illness Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### If Medical Services or Attention is Denied:

I, \_\_\_\_\_, have denied my right to seek medical treatment as a result of the above named injury/accident. Furthermore, I waive my right to future medical treatment as a result of the above named injury/accident.

Signature of Injured Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Witness/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROPERTY DAMAGE**

Description of Damage: \_\_\_\_\_

Was Another Party Involved? *(please circle)*                      YES                      NO

Name of Party Involved *(if applicable)*: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Description of the action that caused the injury/accident/illness *(ex: lifting, pushing, falling, etc)*:

\_\_\_\_\_  
\_\_\_\_\_

Description of the cause of the injury/accident/illness *(ex: chemicals, equipment, power tools, etc)*:

\_\_\_\_\_  
\_\_\_\_\_

Describe how the accident/injury/illness occurred:

\_\_\_\_\_  
\_\_\_\_\_

Additional Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Please note this is an in office form for The Piedmont Group and for file purposes only\***

Fax or e-mail completed forms to (301) 865-9033 or [info@tpgins.net](mailto:info@tpgins.net).