



GENERAL LIABILITY LOSS REPORT
 7172 Columbia Gateway Drive, Suite E
 Columbia, Maryland 21046

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 URL: www.lgit.org

| MEMBER CONTACT | | | | DEPARTMENT CONTACT | | | |
|---|--|------------------------|--|---|--|---------------------------|--|
| NAME AND ADDRESS | | BUSINESS PHONE | | NAME AND ADDRESS | | BUSINESS PHONE | |
| | | WHEN TO CONTACT | | | | WHEN TO CONTACT | |
| LOSS INFORMATION | | | | | | | |
| CLAIM INCIDENT | | DATE OF ACCIDENT | | TIME OF ACCIDENT | | PREVIOUSLY REPORTED? | |
| | | | | | | AM YES NO PM | |
| LOCATION OF ACCIDENT (nearest intersection, city, zip) | | | | AUTHORITY CONTACTED: | | VIOLATIONS/CITATIONS | |
| | | | | REPORT#: | | CAUSE OF ACCIDENT | |
| DESCRIPTION OF ACCIDENT | | | | | | WAS AMBULANCE NECESSARY? | |
| | | | | | | YES NO | |
| MEMBER MOBILE EQUIPMENT (INVOLVED IN OCCURRENCE) | | | | | | | |
| DESCRIPTION | | MAKE | | MODEL | | SERIAL NUMBER | |
| | | | | | | | |
| OWNER'S NAME & ADDRESS | | | | | | BUSINESS PHONE | |
| (Check if same as Member) | | | | | | | |
| DRIVER'S NAME | | | | PUBLIC WORKS OPERATIONS AT TIME OF OCCURRENCE | | | |
| | | | | | | | |
| NON-DEPARTMENT VEHICLE/PROPERTY DAMAGE VEHICLE? YES NO | | | | | | | |
| DESCRIBE PROPERTY: (If auto, year, make, model, vin#, plate#) | | | | INSURANCE CO/AGENCY NAME: | | | |
| | | | | POLICY NUMBER | | BUSINESS PHONE | |
| OWNER'S NAME AND ADDRESS: | | | | | | RESIDENCE PHONE | |
| | | | | | | BUSINESS PHONE | |
| OTHER DRIVER'S NAME & ADDRESS: | | | | | | RESIDENCE PHONE | |
| (Check if same as owner) | | | | | | BUSINESS PHONE | |
| DESCRIBE DAMAGE: | | | | | | | |
| INJURED: IF MORE THAN ONE INJURED PERSON, FILL OUT AND ATTACH ADDITIONAL ACCIDENT REPORT(S) | | | | | | | |
| INJURED'S NAME & ADDRESS: | | PHONE | | PED | | SOC SEC# | |
| | | | | OTH VEH | | DOB | |
| ATTENDING PHYSICIAN NAME & ADDRESS: | | PART OF BODY | | | | TRANSPORTED BY AMBULANCE? | |
| | | | | | | YES NO | |
| CLAIMANT ATTORNEY NAME & ADDRESS: | | | | | | BUSINESS PHONE | |
| | | | | | | | |
| WITNESSES OR PASSENGERS | | | | | | | |
| WITNESS 1 NAME & ADDRESS: | | PHONE | | PED | | OTHER (Specify) | |
| | | | | OTH VEH | | | |
| WITNESS 2 NAME & ADDRESS: | | PHONE | | PED | | OTHER (Specify) | |
| | | | | OTH VEH | | | |
| IMPORTANT: REPORTS SUBMITTED IN HARD COPY MUST BE SIGNED BY THE SUPERVISOR | | | | | | | |
| REPORT DATE | | SUPERVISOR'S SIGNATURE | | | | INTERNAL REFERENCE NUMBER | |
| | | | | | | | |