

Immediately after an accident fill out this form and send to:

ARKANSAS PUBLIC ENTITIES RISK MANAGEMENT ASSOCIATION

ACCIDENT REPORT – GENERAL/PRODUCTS LIABILITY (DO NOT USE FOR AUTO)

LOCATION CODE
THIS ACCIDENT RESULTED IN: <input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY

CLIENT							
NAME			PHONE				
ADDRESS							
CITY		STATE		ZIP			
ACCIDENT							
DATE OF LOSS	TIME OF LOSS	LOCATION OF LOSS	CITY	STATE	ZIP		
OFFICIALS CALLED TO SCENE IF SO, IDENTIFY							
<input type="checkbox"/> POLICE <input type="checkbox"/> FIRE DEPT. <input type="checkbox"/> AMBULANCE							
CLAIMANT (PROPERTY DAMAGE)							
NAME		ADDRESS	CITY	STATE	ZIP	PHONE	
DESCRIBE DAMAGED PROPERTY		LOCATION OF PROPERTY	CITY	STATE	EXTENT OF DAMAGE		
CLAIMANT (BODILY INJURY)							
NAME		AGE	ADDRESS	CITY	STATE	ZIP	PHONE
OCCUPATION		DESCRIBE EXTENT OF INJURY					
DESCRIPTION OF LOSS							
DETAILS OF LOSS							
WITNESS							
NAME		ADDRESS	CITY	STATE	ZIP	PHONE	
NAME		ADDRESS	CITY	STATE	ZIP	PHONE	
IMPORTANT: HAS THIS ACCIDENT BEEN REPORTED TO OUR LOCAL EMERGENCY ADJUSTER? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF REPORTED, NAME OF FIRM _____							
ADDRESS _____							
DATE ASSIGNED _____							
DATE OF REPORT			SIGNATURE AND TITLE				