



State of Minnesota General Liability Incident Report

(To be completed by appropriate agency employees.
For cases not involving an automobile)

Name of Agency:		Name of Contact Person:	
		Phone Number — —	
Date of Accident: / /	Time :	AM PM	Weather Conditions
Description of Incident (how, where, why):			
Extent of Damage to Property			
Extent of Injury to Person(s):			
Person(s) Injured (names, addresses and telephone number):			
Witnesses (names, addresses and phone numbers):			
Submit Claim to: Claims Unit Risk Management Division 310 Centennial Office Building 658 Cedar Street St. Paul, MN. 55155 Phone 651-201-2592, Fax 651-297-7715		Name, address, phone number of person completing the form:	
		Additional Comments:	
Emergency Reporting—After Hours and Weekends Gallagher Bassett Phone (866) 489-5797, Fax (800) 748-6459 Email tnwclaims@tnwinc.com GB Client Number 004276			