



**GENERAL LIABILITY LOSS REPORT**  
**7225 Parkway Drive**  
**Hanover, Maryland 21076**

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**URL: www.lgit.org**

<b>MEMBER CONTACT</b>				<b>DEPARTMENT CONTACT</b>							
NAME AND ADDRESS		BUSINESS PHONE		NAME AND ADDRESS		BUSINESS PHONE					
		WHEN TO CONTACT				WHEN TO CONTACT					
<b>LOSS INFORMATION</b>											
CLAIM		DATE OF ACCIDENT		TIME OF ACCIDENT		AM		PREVIOUSLY REPORTED?			
INCIDENT						PM		YES		NO	
LOCATION OF ACCIDENT (nearest intersection, city, zip)				AUTHORITY CONTACTED:		VIOLATIONS/CITATIONS					
				REPORT#:		CAUSE OF ACCIDENT					
DESCRIPTION OF ACCIDENT						WAS AMBULANCE NECESSARY?					
						YES		NO			
<b>MEMBER MOBILE EQUIPMENT (INVOLVED IN OCCURRENCE)</b>											
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							
<b>NON-DEPARTMENT VEHICLE/PROPERTY DAMAGE VEHICLE?</b>								<b>YES</b>		<b>NO</b>	
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					
						BUSINESS PHONE					
DESCRIBE DAMAGE:											
<b>INJURED: IF MORE THAN ONE INJURED PERSON, FILL OUT AND ATTACH ADDITIONAL ACCIDENT REPORT(S)</b>											
INJURED'S NAME & ADDRESS:				PHONE		PED		SOC SEC#		DOB	
						OTH VEH					
ATTENDING PHYSICIAN NAME & ADDRESS:				PART OF BODY		TRANSPORTED BY AMBULANCE?					
						YES		NO			
CLAIMANT ATTORNEY NAME & ADDRESS:						BUSINESS PHONE					
<b>WITNESSES OR PASSENGERS</b>											
WITNESS 1 NAME & ADDRESS:				PHONE		PED		OTHER (Specify)			
						OTH VEH					
WITNESS 2 NAME & ADDRESS:				PHONE		PED		OTHER (Specify)			
						OTH VEH					
<b>IMPORTANT: REPORTS SUBMITTED IN HARD COPY MUST BE SIGNED BY THE SUPERVISOR</b>											
REPORT DATE		SUPERVISOR'S SIGNATURE						INTERNAL REFERENCE NUMBER			