



GENERAL LIABILITY LOSS REPORT
7225 Parkway Drive
Hanover, Maryland 21076

1+800-673-8231
TEL: 1+443-561-1700
FAX: 1+443-561-1739
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	AM PM	PREVIOUSLY REPORTED?		
						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
MEMBER MOBILE EQUIPMENT (INVOLVED IN OCCURRENCE)								
DESCRIPTION		MAKE	MODEL		SERIAL NUMBER			
OWNER'S NAME & ADDRESS (Check if same as Member)						BUSINESS PHONE		
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: (Check if same as owner)						RESIDENCE PHONE		
						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#	DOB		
				OTH VEH				
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			