

# **INCIDENT REPORT**

**EMAIL OR FAX REPORT TO:** INTER-AGENCY INSURANCE SERVICE, INC.  
6209 Baum Drive, Knoxville, TN 37919  
Phone: 865-637-4519  
Fax: 865-637-4598  
Email: info@inter-agencyinsurance.com

***THIS FORM TO BE SUBMITTED WITHIN ONE (1) DAY OF INCIDENT***

Company Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **ACCIDENT INFORMATION**

Injured Party's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent's Name if claimant is a minor: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ Weather Conditions: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where does injured party plan to seek medical treatment: \_\_\_\_\_

## **WITNESS TO ACCIDENT**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Manager or Supervisor on Duty: \_\_\_\_\_

Manager or Supervisor's Phone #: \_\_\_\_\_