

**STATE OF GEORGIA**  
**General Liability Incident Report Form**

If a non-state employee is injured or property of others is damaged (or alleged) as a result of the State's operations, whether negligent or not, report the claim directly to DOAS / Risk Management Services by calling 404-656-3237 or Email to: [risk.management@doas.ga.gov](mailto:risk.management@doas.ga.gov) or Fax to 404-657-1188. Keep your answers brief and to the point. \*\*\* **Do not use this form for Auto Liability Claims** \*\*\*

Time is of the essence. Do not delay reporting the claim because you do not have all the information regarding the accident. Any additional information can be provided at a later date. Use multiple sheets for more than one Claimant.

**Accident Information - General Liability**

State Agency involved:	
Date of the incident:	Incident time:
Incident location:	City and County:
Description of the incident:	
Police authorities contacted:	If yes, Accident Report Number:

**Claimant Information**

Name & address of the Claimant:	Home Telephone No. Work Telephone No.
Injured party date of birth:	Social Security No.

**Injury Information**

Brief description of the claimant's injury:	
<b>Fatality:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
What initial treatment was given?	By whom?
Was hospital treatment needed?	Which hospital?

**Witness Information**

Were there any witnesses?	If so, their name, address & phone no:
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**Property Damage to Others Information**

Claimant's property involved:	Where is the property located now?
Damage to Claimant's property:	Repair estimate:

Comments:
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**Your Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_