

INCIDENT REPORT

Name of Insured: _____

Address: _____

Date of Incident: _____ Time of Incident: _____

Description of Incident:

Name of Party (ies) Involved in Incident: _____

Address of Party (ies) Involved In Incident: _____

Include Telephone Numbers: _____ Residence: _____ Work: _____

Nature of Alleged Injuries or Damage: _____

Emergency Medical Treatment: _____

Name of Ambulance Company: _____

Witnesses*: Name _____

Address _____

Phone _____ Is Witness an Employee? _____ Position _____

Witnesses*: Name _____

Address _____

Phone _____ Is Witness an Employee? _____ Position _____

**can be provided after submission of this report*

Report Completed by: Name _____ Position _____

Phone # _____

Date Reported Mailed/Faxed to Insurance Broker: _____

Additional Information:

E-Mail/Fax This Report To

Elias B. Cohen & Associates
101 Eisenhower Parkway, Roseland, New Jersey 07068
Phone: (973) 403-9500 Fax: (973) 403-7755
janet_roome@cohenins.com