



GENERAL LIABILITY INCIDENT REPORT

EMAIL AS SOON AS POSSIBLE WITH YOUR ACCIDENT REPORT AS WELL AS ANY SUPPORTING DOCUMENTATION TO:

Keshia McCullough, City Clerk
Email: kmccullough@fairburn.com

DATE: _____

CLAIMANT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

LOCATION OF LOSS: _____

DATE OF LOSS: _____ TIME OF LOSS: _____ AM/PM DATE REPORTED: _____

ACCIDENT/INCIDENT REPORT #: _____

CAUSE OF LOSS/DAMAGE: _____

YEAR AND MAKE OF CAR: _____ TAG # _____ STATE _____

DRIVER'S LICENSE # _____

HAVE REPAIRS BEEN STARTED? YES NO

BY WHOM: _____

TELEPHONE NUMBER: _____

ON-SITE CONTACT PERSON: _____

TELEPHONE NUMBER: _____

ESTIMATED PROPERTY DAMAGE OR LOSS? \$ _____