



GENERAL LIABILITY LOSS REPORT
 7225 Parkway Drive
 Hanover, Maryland 21076

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 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	DATE OF ACCIDENT			TIME OF ACCIDENT	AM	PREVIOUSLY REPORTED?		
INCIDENT					PM	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					BUSINESS PHONE			
<input type="checkbox"/>		(Check if same as Member)						
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:				RESIDENCE PHONE				
<input type="checkbox"/>				(Check if same as owner)				
				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			