

ACCIDENT / INJURY REPORT

PLACE OF ACCIDENT

Business Name: _____
Contact Person: _____ Phone: _____
Address/Location: _____
Date of Accident: _____
Specific Site of Accident: _____
Time of Day: _____ Lighting: _____ Weather: _____
Condition of Accident Site/Hazards Present: _____

PERSONS INJURED

Name: _____ Phone: (H) _____
DOB: _____ SSN: _____ (W) _____
Address: _____
Description of Injured Party (height, weight, clothes, shoes, glasses, disabilities, etc.) _____

Nature and Extent of Injury: _____
Medical Aid Offered or Rendered: _____

PROPERTY DAMAGE

Nature and Extent: _____

Persons Involved: _____
Address: _____ Phone: _____
Date of Incident: _____

DESCRIPTION OF ACCIDENT

IMPORTANT: NAMES & ADDRESSES OF WITNESS

Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

Person Completing Report: _____
Date of Report: _____

Any person who, with the intent to injure, defraud or deceive any insurance company, submits a statement of claim containing false, incomplete or misleading information may be subject to criminal and/or civil penalties.

TAKE IMMEDIATE STEPS TO PREVENT FURTHER ACCIDENTS.

Immediately take photos of area where accident took place or damage occurred.

If incident caused by defective equipment, repair as soon as possible and retain parts.

Report this to the appropriate claims office by fax or phone.

REPORTING INSTRUCTIONS

REPORT ANY AUTO ACCIDENT IMMEDIATELY, WHETHER OR NOT YOU ARE AT FAULT

If no one is injured, and property damage, if any, is moderate, complete this form, giving as complete information as possible, and mail it to the Federated office servicing the state. **If there is any indication of bodily injury, however slight,** or if there is serious property damage, call Federated office using the toll free number if one is listed, otherwise call collect.

FEDERATED PROPERTY AND CASUALTY CLAIMS OFFICES AND STATES SERVICED BY EACH

AL, GA, MS, SC, TN P.O. Box 467500 ATLANTA, GA 31146 Ph: (770) 390-3900 800-241-4945 FAX: (770) 390-3910 FAX: 800-416-0027	IL, WI P.O. Box 328 OWATONNA, MN 55060 Ph: (507) 455-5200 800-533-0472 FAX: (507) 455-8079	IA, MN, ND (Mutual only), SD P.O. Box 390850 MINNEAPOLIS, MN 55439 Ph: (952) 831-4300 800-328-9291 FAX: (952) 820-2311	FL P.O. Box 31716 TAMPA, FL 33631 Ph: (813) 287-0155 800-237-8292 FAX: (813) 287-8381	D.C., DE, KY, MD, NC, VA, WV P.O. Box K178 RICHMOND, VA 23288 Ph: (804) 282-4263 800-446-3039 FAX: (804) 282-5742
AZ, CO, ID, MT, NV, NM, ND (Service Only), OR, UT, WA, WY P.O. Box 35910 PHOENIX, AZ 85069 Ph: (602) 944-5566 800-527-5999 FAX: (602) 375-7062	AR, KS, MO, NE P.O. Box 419444 KANSAS CITY, MO 64141 Ph: (913) 451-1962 800-445-0109 FAX: (913) 451-9673 New Claims Fax: 800-239-3256	CA P.O. Box 3150 RANCHO CORDOVA, CA Zip: 95741-3150 Ph: (916) 631-0345 800-423-1842 FAX: (916) 631-0275	CT, IN, ME, MA, MI, NH, NJ, NY, OH, PA, RI, VT P.O. Box 50487 INDIANAPOLIS, IN 46250 Ph: (317) 849-7550 800-428-4143 FAX: (317) 845-8841	LA, OK, TX P.O. Box 1548 HURST, TX 76053 Ph: (817) 581-7111 800-633-6040 FAX: (817) 581-2970 New Claims Fax: 877-308-4994

FEDERATED WORKERS' COMPENSATION CLAIMS OFFICES AND STATES SERVICED BY EACH

IL, IA, MN, SD, WI P.O. Box 390850 MINNEAPOLIS, MN 55439 Ph: (952) 831-4300 800-328-9291 FAX: (952) 820-2311 New Reports Fax: 800-270-0032	AL, FL, GA, MS, SC, TN P.O. Box 31716 TAMPA, FL 33631 Ph: (813) 287-0155 800-237-8292 FAX: (813) 287-8381 New Reports Fax: 888-287-0155	CT, IN, ME, MA, MI, NH, NJ, NY, PA, RI, VT P.O. Box 50487 INDIANAPOLIS, IN 46250 Ph: (317) 849-7550 800-428-4143 FAX: (317) 845-8841	D.C., DE, KY, MD, NC, VA P.O. Box K178 RICHMOND, VA 23288 Ph: (804) 282-4263 800-446-3039 FAX: (804) 282-5742
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