

Confidential Incident Report
Liability Accident



NAMED INSURED:	
DATE OF INCIDENT:	TIME:
LOCATION:	

NAME OF PERSON INJURED:			
ADDRESS:			
PHONE #:	(Work)	(Home)	(Cell)

<u>WHAT AUTHORITIES WERE CONTACTED? (INCLUDE REPORT NUMBER):</u>
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<u>DESCRIBE INCIDENT:</u>

WITNESSES:		
NAME	ADDRESS	PHONE NUMBER
1)		
2)		

<u>OTHER INFORMATION:</u>

COMPLETED BY:	
PHONE #:	DATE:

Attn: Claims Department
1122 Laurel Lane, P.O. Drawer 1189
San Luis Obispo, CA 93406-1189
Tel 805-543-6887 / Fax 805-543-3064
customerservice@morrisgarritano.com