



Incident Report

Injured Party Name _____ Today's Date _____

Injured Party Address _____ Phone Number _____

Property Name _____ Incident Date & Time _____

Weather Conditions _____

Contact Name _____ Phone Number _____

Date of Loss _____ Location of Incident/Loss _____

Description of Loss

Were there any witnesses? _____ If yes, please complete below:

Name	Address	Home Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This section for injury or damage to a third party (not insured or insured's employees)

Injured Person or Owner of Damaged Property _____

Address _____ Phone _____

Describe injuries _____

To which doctor or hospital was injured party taken? _____

Describe damage to property _____

Where can property be seen? _____

Estimated amount of damage _____

Please fax completed & signed form to The Hinman Company at (269)342-1949

This section for insured's property

Police to which reported _____ Report # _____

Description of loss & damage _____

Estimated amount of damage _____ Insured's Name _____

This section for auto incidents

Police to which reported _____ Report # _____

Any violations or citations given out? To whom & why? _____

Insured's vehicle (year, make, model, last 4 of VIN) _____

Driver of vehicle _____ Relation to Insured (employee, family, etc.) _____

Other Vehicle (year, make, model) _____

Other Driver _____

Is other driver owner of vehicle? _____ Owner of Vehicle _____

Address _____ Phone _____

Insurance Co. _____ Agent _____ Policy # _____

Any injuries or vehicle damage? _____

Injured person _____ Phone Number _____

Address _____

Driver or passenger and of which vehicle? _____

Describe injuries _____

To which doctor or hospital was injured party taken? _____

Describe damage to insured's vehicle _____

Estimated amount of damage _____ Where can vehicle be seen? _____

Describe damage to other vehicle _____

Describe any other property damage _____

_____ Estimated amount of damage _____

Owner of property _____ Phone Number _____

Address _____