

Reporting Instructions

After completing this incident report, please fax, e-mail or mail the report to the following:

Wortham Insurance & Risk Management

**Attn: Ms. Trish Adams
1600 West Seventh Street
Fort Worth, Texas 76102**

Claim Phone: 817.339.3130

Claim Fax: 817.339.3148

E-mail: tadams@WorthamFW.com

Main Phone: 817.336.3030

Main Fax: 817.336.8257

WORTHAM

Insurance • Risk Management

Liability (Bodily Injury and/or Property Damage) Incident Reporting Form

General Information

Name of Insured: _____

Contact Name(s): _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Fax: _____ E-mail: _____

Date of Incident: _____ Time of Incident: _____ am or pm

Description and Location of Incident: _____

Injured Person Information

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Fax: _____ E-mail: _____

Bodily Injury Section

Nature of Injury: _____

Type of Assistance provided (circle): First Aid Doctor/Clinic Emergency Room Ambulance None

Property Damage Section

Type of Property Damage: _____

Estimated Cost to Replace Property: _____ Estimated Cost to Repair Property: _____

Witnesses

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____