



# General Liability Loss Notice

<b>CITY:</b>		<b>DATE OF ACCIDENT:</b>	
City Address	Date City Notified	Date Notice Sent To MMSC	Date Report Prepared
	Preparer's Name & Title		Previously Reported Yes <input type="checkbox"/> No <input type="checkbox"/>
DEPARTMENT	City Contact Person	Contact's Phone ( ) - ext	
<b>LOSS</b>			
Location of Accident (include city & state)		Time of Loss	Police Contacted
Description of Claim			
<b>OTHER PARTY – Bodily Injury/Property Damage</b>			
Other Party Name & Address		Work Phone ( ) - ext.	DOB
		Mobile Phone ( ) -	Sex
Home Phone ( ) -			
Describe Bodily Injury		Fatality <input type="checkbox"/>	What Was Injured Doing?
			Location of Medical Treatment?
Describe Property Damage (type, model, etc.)		Where/When Can Property Be Seen?	Estimated Amount?
<b>WITNESSES</b>			
Witness Name & Address		Work Phone ( ) - ext.	Mobile/Home Phone ( ) -
Witness Name & Address		Work Phone ( ) - ext.	Mobile/Home Phone ( ) -
Remarks:			