LIABILITY REPORT

Named Insured:

Name of Injured Person:	Age of Injured Person:

Address of Injured Person:

Phone Number: ( ) -	Social Security Number: - -

Nature and Extent of Injuries / property damaged:

Date of Incident	Time: AM PM

Where was injured person taken?	By Whom?

What was injured person doing?

Location where person was injured / property damaged:

Full Description of Cause of injury / damage:

Statement of Injured Person:

Names and Addresses of Witnesses: