

NDIRF NORTH DAKOTA INSURANCE RESERVE FUND

GENERAL INCIDENT REPORT

Member: _____ Today's Date: ____ / ____ / ____

Person completing this form: _____
(First) (Middle) (Last)

Business/Cell: (____) _____ Address: _____
Street City State

Job Title: _____

Date of Incident: ____ / ____ / ____

Location of Incident: _____
(Physical Address) (Area of worksite)

In your words, describe fully how the incident happened: _____

Was there property damage? Yes No If yes, what property/equipment was damaged? _____
Property/equipment owned by: _____

Describe the damage: _____

Was there an Injury? Yes No If yes, Injured Party: _____

Injured Party Phone Number: _____ Describe the injury: _____

Name(s) of Witness(es) who may have seen/heard the incident: 1. _____ 2. _____
(First) (Last) (First) (Last)

(Phone#) (Phone#)

****Please email this report to your agent with any other supporting documentation.****