

MINNESOTA JOINT UNDERWRITING ASSOCIATION  
445 MINNESOTA STREET, STE 514  
ST. PAUL, MN 55101  
1 (800) 552-0013 or (651) 222-0484 fax: (651) 222-7824

INCIDENT REPORT FORM

1. Name, address, phone number and policy number of insured:

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_ Policy Number: \_\_\_\_\_

2. Name, address, and phone number of potential claimant:

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_

3. Name, address, and phone number of injured person(s) (if different from potential claimant):

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

4. Date and time of incident: \_\_\_\_\_

5. Full address where incident occurred (attach floor plan or street plan if necessary):

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

6. Names, address and phone numbers of all persons involved in the incident and an explanation of the relation, if any, or each to the insured. (Attach additional sheets if necessary.)

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

7. Names, address and telephone number of all witnesses to the incident:

Name	Address	Phone
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-	_____	_____
-	_____	_____
-	_____	_____
-	_____	_____

8. Completely describe the incident, including all relevant circumstances and actions preceding and following the incident (attach additional pages if necessary). Attach a copy of police report if applicable.

-	_____
-	_____
-	_____
-	_____
-	_____

9. Names, addresses and phone numbers of any person injured and description of injuries:

Name	Address	Phone	Injury
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-	_____	_____	_____
-	_____	_____	_____
-	_____	_____	_____
-	_____	_____	_____

10. Itemize all damages property, extent of damage, estimated or actual repair cost:

Property	Description of Damage	\$ Estimate (by whom)
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-	_____	_____
-	_____	_____
-	_____	_____
-	_____	_____

**FRAUD WARNING**

*A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME*

I hereby certify that the foregoing statements made by me are true.

\_\_\_\_\_  
Signature of person completing report

\_\_\_\_\_  
Date