



**BODILY INJURY AND PROPERTY DAMAGE
INCIDENT REPORT**

(Please use C2f for any employee work related injuries)

All reports are to be completed and sent to Devin Koziol P-716-688-8888 x289 F # 716-688-9001

Or email – dkoziol@vannerinsurance.com

Loss Location: _____ Date & Time of Incident: _____

Name of Claimant: _____ Contact # for Claimant: _____

Address of Claimant: _____ Date of Birth: _____

This report involves: (check one) Bodily Injury _____ or Property Damage _____

Was Incident made known before leaving loss location: _____ If yes, to whom: _____

Description of Incident/Accident: _____

Specific Injury: _____

(Please describe injury-what body parts were injured)

Property Damaged: _____

(Please advise the specific property that was damaged)

Weather conditions at time of Incident: _____

Police contacted: Agency: _____ Officer: _____ Report #: _____

Ambulance contacted: Co: _____ Hospital Claimant taken to: _____

Witness Name/Address/Contact: _____

Did surveillance video capture the incident: _____

Additional Remarks: _____

Report Prepared By: _____ Contact # _____

Title: _____ Date Completed: _____