



GEORGIA INTERLOCAL RISK MANAGEMENT AGENCY (GIRMA) INCIDENT REPORT

PLEASE FAX TO: 866-735-8905 Gallagher Bassett Services, Inc.

GIRMA Location Code: _____
If Known-Property Claims Only

This Incident Resulted In: BODILY INJURY PROPERTY DAMAGE ONLY

GIRMA LOCATION INFORMATION

CITY		CITY PHONE		DRIVER NAME			DATE OF BIRTH
ADDRESS				ADDRESS			PHONE BUS.
CITY	STATE	ZIP	CITY	STATE	ZIP	PHONE HOME	
CITY CONTACT PERSON							
NAME of PERSON INVOLVED IN INCIDENT (if applicable)						PHONE	
CITY VEHICLE (If Not Involved – Not Applicable)							
MAKE OF CITY VEHICLE	YR.	MODEL	SERIAL NO.	LICENSE NO.	WHERE VEHICLE CAN BE SEEN		
USED FOR BUSINESS: YES <input type="checkbox"/> NO <input type="checkbox"/>				ESTIMATED COST TO REPAIR			

INCIDENT DESCRIPTION (This Section To Be Completed For All Incidents)

DATE OF LOSS	TIME OF LOSS	LOCATION (Street or Highway)			CITY	STATE
POLICE/FIRE CALLED TO SCENE? YES <input type="checkbox"/> NO <input type="checkbox"/>		POLICE/FIRE DEPT. CALLED		OFFICER	CITATION ISSUED Yes <input type="checkbox"/> No <input type="checkbox"/>	
DESCRIPTION:						

PROPERTY DAMAGE CLAIMANT

OWNER OF OTHER VEHICLE	AGE	ADDRESS	CITY	STATE	ZIP	PHONE
DRIVER, IF OTHER THAN ABOVE	AGE	ADDRESS	CITY	STATE	ZIP	PHONE
MAKE OF VEHICLE YR. MODEL	LIC. NO.	AREA OF DAMAGE	EST. OF DAMAGE	VEHICLE CAN BE SEEN?		

OTHER PROPERTY DAMAGE

OWNER OF PROPERTY	ADDRESS	CITY	STATE	ZIP	PHONE
DESCRIBE DAMAGED PROPERTY	LOCATION OF PROPERTY	CITY	STATE	EXTENT OF DAMAGE	

PERSONS INJURED

NAME	AGE	ADDRESS	CITY	STATE	ZIP	PHONE
NATURE OF INJURY						
NAME	AGE	ADDRESS	CITY	STATE	ZIP	PHONE
NATURE OF INJURY						

WITNESS INFORMATION

NAME	ADDRESS	CITY	STATE	ZIP	PHONE
NAME	ADDRESS	CITY	STATE	ZIP	PHONE

REPORTED BY: _____ DATE: _____