

**GENERAL LIABILITY CLAIM REPORT FORM  
CITY OF SOUTH BURLINGTON**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ a.m./p.m.

Location: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

**CLAIMING PARTY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Injury/Damage: \_\_\_\_\_

Medical Attention: Yes  No  Where: \_\_\_\_\_

**PROPERTY OWNER** Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Police/Fire Dept. Contact: \_\_\_\_\_

**WITNESS:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**CLAIM REPORT COMPLETED BY:** \_\_\_\_\_

