State of Vermont
Office of Risk Management
6 Baldwin St.
Montpelier, VT 05633-3801
(802) 828-2899 PHONE - (802) 828-0410 FAX
Sov.riskhelp@vermont.gov

GENERAL LIABILITY REPORT OF ACCIDENT

VERMONT

STATE EMPLOYEE INFORMATION	
State Agency Involved:	Address:
Name of State Employee Involved:	Phone No. & Email:
Supervisors Name:	Phone No. & Email:

INCIDENT LOCATION	
Date & Time of Incident:	Incident Location City & State:
Does the State of VT own the incident location building? ☐ Yes ☐ No If no, see below for additional instructions.	
If the State of VT does not own the building, please provide the building owner's name and contact information with a copy of the lease agreement if available.	
Building Owner Name & Contact Info:	
Date First Notified of Incident:	Notified by Whom:

CLAIMANT AND/OR INJURED PERSON INFORMATION		
Name of Claimant/Injured Party:		D.O.B:
Address:		
Home/Cell Phone:	Work Phone:	Email:
Describe the Incident Below:		

INJURY INFORMATION (Body Parts Involved)	
Brief Description of Claimant's Injury. List any prior injuries, symptoms or treatment for the same body parts(s) and all treating providers.	
Fatality: ☐ Yes ☐ No	Was Emergency Care Needed (Hospital): ☐ Yes ☐ No
If so, What Hospital:	
Was Additional Treatment Needed: ☐ Yes ☐ No	
Name & Address of Your Primary Care Provider:	

AUTHORITIES DESCRIPTION OF THE INCIDENT	
Were the Police Notified: ☐ Yes ☐ No If yes, What City/Town Responded	Police Report No.
Weather Conditions at the Time of the Accident:	

PROPERTY DAMAGE	
Property Owner:	Cell/Home Phone No.:
Property Address:	
Description of Property:	Estimated Cost of Repair (Attach Documentation):

WITNESSES	
Witness Name:	Cell/Home Phone No.:
Witness Address:	
Witness Name:	Cell/Home Phone No.:
Witness Address:	
Preparer:	Date:

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