



Date of Incident: _____ Time of Incident: _____

Location of Incident:

Street Address: _____

City: _____

State: _____

Type of Property: Building Personal Property

Describe Property Involved:

Type of Incident:

Wind/Hail

Falling Object

Flood

Fire

Additional Details of Incident:

How the Incident Was Discovered:

Were Any Pictures Taken? Yes No

Is the Property Accessible to Enter and/or Inspect? Yes No

Is the Property Inhabitable? Yes No

Did the Property Require Mandatory Evacuation? Yes No

Employee Name (Print): _____

Employee Signature: _____

Date: _____