

INCIDENT INFORMATION FORM

DALE BARTON AGENCY

1100 East 6600 South, Suite 400
Salt Lake City, Utah 84121-2400

Phone (801) 288-1600

Fax (801) 288-1944

IF YOU ARE INVOLVED IN AN INCIDENT, USE THIS FORM TO RECORD THE FACTS ABOUT THE INCIDENT, INCLUDING NAMES AND ADDRESSES OF ALL PARTIES INVOLVED, AND ANY WITNESSES.

DATE OF INCIDENT AND TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	LOCATION OF INCIDENT (INCLUDE CITY AND STATE)	REPORTED BY: (INCLUDE PHONE NUMBER)
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DESCRIPTION OF INCIDENT (USE REVERSE SIDE IF NECESSARY)

AUTHORITY CONTACTED AND REPORT #

PROPERTY DAMAGED)

DESCRIBE PROPERTY (IF AUTO, YEAR, MAKE, MODEL, PLATE #)	OTHER INS? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY OR AGENCY NAME POLICY # :	RESIDENCE PHONE (A/C, NO):
OWNER'S NAME & ADDRESS			BUSINESS PHONE (A/C, NO, EXT):
OTHER NAME & ADDRESS			RESIDENCE PHONE (A/C, NO):
			BUSINESS PHONE (A/C, NO, EXT):

DESCRIBE DAMAGE

INJURED PARTIES

NAME & ADDRESS	PHONE (A/C, NO)	AGE	DESCRIBE INJURY

WITNESSES

NAME & ADDRESS	PHONE (A/C, NO)	NAME & ADDRESS	PHONE (A/C, NO)

OTHER INVOLVED PARTIES

	PHONE (A/C, NO, EXT):
	PHONE (A/C, NO, EXT):
	PHONE (A/C, NO, EXT):

ACTION TAKEN TO PREVENT REOCCURRENCE:

REMARKS