



## INCIDENT REPORT

**Insured/Organization name:** City of Gloversville

Please Select One: ☐ Auto Accident ☐ Visitor Injury ☐ Property/Building Damage

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

Date of Accident/Incident: \_\_\_\_\_ Time of Accident/Incident: \_\_\_\_\_

Name(s) of Person(s) Involved: \_\_\_\_\_

Telephone Number- Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ if child, name of Guardian: \_\_\_\_\_

Describe Accident/Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injuries/Medical Attention: \_\_\_\_\_

Witnesses (Names, Address, phone #'s) \_\_\_\_\_

Vehicles Involved (Year, make, VIN#) \_\_\_\_\_

Building/Content Damage- Describe in Full: \_\_\_\_\_

Police Investigate? If so, which agency & report # \_\_\_\_\_

Any other pertinent information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Title & Signature of Person Preparing the Report

\_\_\_\_\_  
Date Signed

Please fax completed report to: 866-551-6264 or Email to: [claimservice@nbtmang.com](mailto:claimservice@nbtmang.com)