



General Liability/Property Damage Accident Report Form

Submit this report to Keystone on every accident promptly.

1. CONTACT- INFORMATION	Location Manager		Business Phone	
	Local Business Address	City	State	Zip Code
2. ACCIDENT INFORMATION	Date of Incident	Time of Accident		
3. ACCIDENT LOCATION	Accident Location Address	City	State	Zip Code
4. CLAIMANT INFORMATION	Name of Injured/Damaged Party		Home Phone	
	Address of Injured Party		Business Phone	
			Male	Female
	Describe Injuries			
5. PROPERTY DAMAGE	Owner		Home Phone	
	Address		Business Phone	
	City	State	Zip	
	Describe Damage			
6. ANY WITNESSES	Witness Name and Address		Telephone No.	
	Witness Name and Address		Telephone No.	
7. ACCIDENT FACTS	Describe What Happened			

Comments :

Supervisor's Signature: _____

FAX OR EMAIL THIS FORM PROMPTLY TO KEYSTONE: 724-864-9265