

**STATE OF GEORGIA**  
**General Liability Incident Report Form**

If a non-state employee is injured or property of others is damaged (or alleged) because of the State's operations, whether negligent or not, report the claim directly to the Department of Administrative Services, Risk Management Services by calling **404-656-9490** or email to: [risk.management@doas.ga.gov](mailto:risk.management@doas.ga.gov). Keep your answers brief and to the point.

**\*\*\* Do not use this form for Auto Liability Claims \*\*\***

Time is of the essence. Do not delay reporting the claim because you do not have all the information regarding the accident. Any additional information can be provided later. Use multiple sheets for more than one Claimant.

**Accident Information - General Liability**

|                               |                                 |
|-------------------------------|---------------------------------|
| State Agency involved:        |                                 |
| Date of the incident:         | Incident time:                  |
| Incident location:            | City and County:                |
| Description of the incident:  |                                 |
| Police authorities contacted: | If yes, Accident Report Number: |

**Claimant Information**

|                                 |  |
|---------------------------------|--|
| Name & address of the Claimant: | Home Telephone No.<br>Work Telephone No. |
| Injured party date of birth:    | Social Security No.                      |

**Injury Information**

|   |                 |
|---|-----------------|
| Brief description of the claimant's injury:   |                 |
| <b>Fatality:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                 |
| What initial treatment was given?   | By whom?        |
| Was hospital treatment needed?  | Which hospital? |

**Witness Information**

|                           |  |
|---------------------------|--|
| Were there any witnesses? | If so, their name, address & phone no: |
|---------------------------|--|

**Property Damage to Others Information**

|                                |                                    |
|--------------------------------|------------------------------------|
| Claimant's property involved:  | Where is the property located now? |
| Damage to Claimant's property: | Repair estimate:                   |

|           |
|-----------|
| Comments: |
|-----------|

**Your Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_