

State of Minnesota General Liability Incident Report

(To be completed by appropriate <u>agency employees.</u> For cases not involving an automobile)

Name of Agency:	Name o	f Contact Person (name, phone and email):
Date of Accident (mm/dd/yy): Time (am/p	om):	Weather Conditions
Description of Incident (how, where, why):		
Extent of Damage to Property		
Extent of Injury to Person(s):		
Person(s) Injured (names, addresses and telephone number):		
Witnesses (names, addresses and phone numbers):		
Risk Management Division 310 Centennial Office Building		ompleting the form name, phone, and email):
St. Paul, MN. 55155	7715 Addition	al Comments:
Gallagher Bassett Phone (866) 489-5797, Fax (800) 748-	6459	
Email <u>tnwclaims@tnwinc.com</u> GB Client Number 004276		
Submit Claim to: risk.management@state.mn.us Risk Management Division 310 Centennial Office Building 658 Cedar Street St. Paul, MN. 55155 Phone 651-201-2592, Fax 651-297-7715 Person completing the form name, phone, and email): Emergency Reporting—After Hours and Weekends Gallagher Bassett Phone (866) 489-5797, Fax (800) 748-6459 Email tnwclaims@tnwinc.com Additional Comments:		