

INCIDENT REPORTING FORM

VFW POST INSURANCE PROGRAM
P.O. BOX 410679, KANSAS CITY, MO 64141
FAX: 913.652.7599

EMAIL: VFWINSURANCE@LOCKTONAFFINITY.COM

Please use this form when an accident or incident occurs at your property.
Return the completed form and supporting photographs to the insurance program.

Your Name: _____ Organization Name: _____

Phone Number: _____ Email Address: _____

Date of Incident: _____ Time of Incident: _____ AM / PM

Location of Incident: _____

Authority Notified, if any (Ambulance or Police called): _____

DESCRIPTION OF WHAT HAPPENED

Please note any factors that may have contributed to the incident occurring, such as weather conditions, obstructions, etc.:

INJURED PARTY

Name: _____ Male Female

Phone Number _____ Email Address: _____

Complete Address: _____

Description of Injury: _____

Body Part(s) Affected: _____ Fractured? Yes No

If any on-site treatment was administered, please describe: _____

PROPERTY DAMAGE

Description of Property: _____

If automobile: VIN or Serial #: _____ License Plate #: _____

Property Owner's Name: _____ Phone Number: _____

Property Owner's Address: _____ Email Address: _____

Driver's License # of person driving vehicle: _____ Description of Damages: _____

If the Property is Leased – Name, Address and Phone Number of Leasing Company: _____

WITNESSES

Name: _____ Email Address: _____ Phone Number: _____

Complete Address: _____

Name: _____ Email Address: _____ Phone Number: _____

Complete Address: _____

Signature _____ Date of Report _____