



State of Minnesota General Liability Incident Report

(To be completed by appropriate **agency employees.**
For cases not involving an automobile)

Name of Agency:		Name of Contact Person (name, phone and email):	
Date of Accident (mm/dd/yy):	Time (am/pm):	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):			
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 GB Client Number 004276		Additional Comments:	