



**3RD PARTY (General Liability) INCIDENT REPORTING FORM
NJSDA FORM 1109**

INSTRUCTIONS: *The Prime Contractor should complete this form with the assistance of the claimant. Completion of this form must be done immediately upon notification of injury and electronically sent to the following within 24 hours of event: NJSDA assigned Field Compliance Inspector, NJSDA RMU, the OCIP insurance carrier, and the CM. Original to be filed at the site by the Prime Contractor. Courtesy copy can be given to claimant, if requested.*

Safety Manual reference sections are listed on last page of form.

Date of incident (mo/day/yr): __/__/____	Time of incident: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Project site:
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CLAIMANT INFORMATION: (Complete one report for each individual involved)

Name:	Date of birth: __/__/____	Home phone:	Cell phone:
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Full address:

If auto accident, request insurance information:

Carrier: _____ Policy #: _____

INCIDENT INFORMATION:

Describe in detail how incident occurred (*Who was involved, when and where the incident happened, what happened, and how, include any machines, tools, materials or other important details*):

Contractor and employees involved in incident:



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WITNESS(ES):

Name, address and phone number of all witnesses to the incident: *(Use separate sheet if necessary)*

INJURY INFORMATION:

Does claimant allege injuries?
 YES NO

Body part(s) injured:

Was medical treatment required?
 YES NO

Was injured transported via ambulance?
 YES NO

Further description of nature and extent of injury:



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PROPERTY DAMAGE INFORMATION:

Describe damaged property (e.g. make/model of vehicle, type of equipment, etc.):

Give name, address and phone number of owner of property: (If different from above)

Were photos taken? (If yes, please attach photos to form.)

YES NO

By whom?:

Police notified?

YES NO

Report or file no.:

Comments:

Prepared by: _____

Company name: _____

Foreman's name (please print): _____

Foreman's signature: _____

Date: _____