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## City of Mishawaka Incident Report Form

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*Thank you for taking the time to complete this form.  
Please submit to our local agent when completed.*

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### Identification Information

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

(If the injured person is less than 21 years old, give guardian's name and telephone number.)

Guardian Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

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### Incident Information

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Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ A.M. P.M.

Incident Location: \_\_\_\_\_

Please list who was with you when this happened: \_\_\_\_\_

State exact nature of injury: \_\_\_\_\_

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Description (Please tell us what happened): \_\_\_\_\_

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Did you seek medial attention? \_\_\_\_\_

Did you notify someone when the incident occurred? YES \_\_\_\_\_ NO \_\_\_\_\_

Who? \_\_\_\_\_

Did anyone witness the incident? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, whom? \_\_\_\_\_

**If a "slip and fall" accident:**

Was the surface (circle one): WET DRY

What were the lighting conditions (circle all that apply):

Daytime Nighttime Sunny Dark Indoors Good Adequate Poor

Were there any warning signs such as "Wet Floor" YES \_\_\_\_\_ NO \_\_\_\_\_

Please circle the type of shoes of the person who fell if noted:

Dress shoes High heels Boots Platform Shoes Sandals Athletic shoes

Other \_\_\_\_\_

*Please submit to:*

***McCarthy Insurance Group  
Attention: Stacy Vervynckt  
802 Lincolnway West  
Mishawaka, IN 46544***

***Phone: 574-259-5622  
Fax: 574-256-7822  
Email: stacy@mccarthyins.com***

Form may be submitted by mail, fax or email.