

Incident Report
(other than vehicle accidents)

Manitoba
Finance
Insurance and Risk
Management



MAIL TO: CLAIMS MANAGER
INSURANCE AND RISK MANAGEMENT BRANCH
DEPARTMENT OF FINANCE
417 - 401 York Avenue
WINNIPEG, MANITOBA R3C 0P8

TELEPHONE: 945-1918
OR
945-1917

COPY TO: YOUR
DEPARTMENT/AGENCY

PLEASE PRINT

Department/Agency	Branch	
Office Address		Telephone
Location of Accident (include nearest town/city) _____		
Date of Accident (Day/Month/Year)	Time of Accident	a.m. p.m.
DESCRIBE INCIDENT (FIRE, THEFT, VANDALISM, ETC.) _____ _____ _____		
CAUSE _____ _____ _____		
DESCRIBE EXTENT OF DAMAGE _____ _____ _____		
APPROXIMATE \$ _____		
WAS INCIDENT REPORTED TO POLICE YES <input type="checkbox"/> NO <input type="checkbox"/> NAME OF DETACHMENT _____		
IN CASE OF THEFT, ATTACH LIST OF STOLEN ARTICLES		
AMOUNT OF LOSS (INCLUDE ANY DAMAGE) APPROXIMATE \$ _____		
NAME AND ADDRESS OF OWNER _____ _____		
1. _____	ADDRESSES	NATURE OF INJURY
2. _____	_____	_____
3. _____	_____	_____
WITNESSES NAMES AND ADDRESSES		
1. _____		
2. _____		
3. _____		
PERSON COMPLETING REPORT - SIGNATURE _____ DATE _____		
IMMEDIATE SUPERVISOR - SIGNATURE _____ DATE _____		