REPORT OF LIABILITY ACCIDENT
(OTHER THAN AUTOMOBILE)-STATE OF WEST VIRGINIA

FORM #RMI-2
DO NOT COMPLETE 4-1-86
249

Instructions: Complete two copies. Send orignial and one copy to the State Board of Rick and Insurance Management, Capital Complex, Charleston, WV 25305. Telephone 348-2291. Note: If more than one person injured, complete reverse side of form.

Risk Code: _____
Reference: _____
Department #: _____

SPENDING UNIT NAME _____

DATE OF ACCIDENT:	MONTH	DAY	YEAR	DAY OF WEEK: (Check One)	M	T	W	Th	F	S	Sun	TIME OF ACCIDENT:		☐ AM ☐ PM	
NUMBER INJURED:	ACCIDENT WAS INVESTIGATED BY:			NAME								PHONE #			

LOCATION

ACCIDENT OCCURRED AT:			
CITY OR TOWN	STATE	COUNTY	
DID ACCIDENT OCCUR WITHIN BUILDING?	IF YES, NAME OF BUILDING:		
IF NO, DESCRIBE ACTIVITY:			

INJURIES

PERSON INJURED	AGE	ADDRESS			
CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE	
STATUS OF PERSON INJURED	CHECK ONE ☐ VISITOR ☐ STUDENT ☐ PATIENT ☐ INMATE ☐ EMPLOYEE ☐ OTHER				
EXTENT OF INJURIES:					
IF FIRST AID GIVEN:	NAME	PHONE #			
IF TREATED BY DOCTOR:	NAME	ADDRESS			
IF SENT TO HOSPITAL:	NAME	ADDRESS			

PROPERTY DAMAGE

DESCRIBE PROPERTY DAMAGED				
APPROX. DAMAGE $	OWNER'S NAME	HOME PHONE	BUSINESS PHONE	
ADDRESS	CITY	STATE	ZIP	

WITNESS

NAME	ADDRESS	TELEPHONE NUMBER

NARRATIVE

DESCRIBE WHAT HAPPENED

OTHER

COULD ACCIDENT BEEN PREVENTED?	IF YES, HOW:

DATE OF THIS REPORT	SIGN HERE: TITLE

COMPLETE FOR EACH ADDITIONAL PERSON INJURED.

#2 INJURIES

PERSON INJURED	AGE	ADDRESS		
CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE
STATUS OF PERSON INJURED	CHECK ONE ☐ VISITOR ☐ STUDENT ☐ PATIENT ☐ INMATE ☐ EMPLOYEE ☐ OTHER			
EXTENT OF INJURIES:				
IF FIRST AID GIVEN:	NAME	PHONE #		
IF TREATED BY DOCTOR:	NAME	ADDRESS		
IF SENT TO HOSPITAL:	NAME	ADDRESS		

#3 INJURIES

PERSON INJURED	AGE	ADDRESS		
CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE
STATUS OF PERSON INJURED	CHECK ONE ☐ VISITOR ☐ STUDENT ☐ PATIENT ☐ INMATE ☐ EMPLOYEE ☐ OTHER			
EXTENT OF INJURIES:				
IF FIRST AID GIVEN:	NAME	PHONE #		
IF TREATED BY DOCTOR:	NAME	ADDRESS		
IF SENT TO HOSPITAL:	NAME	ADDRESS		

#4 INJURIES

PERSON INJURED	AGE	ADDRESS		
CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE
STATUS OF PERSON INJURED	CHECK ONE ☐ VISITOR ☐ STUDENT ☐ PATIENT ☐ INMATE ☐ EMPLOYEE ☐ OTHER			
EXTENT OF INJURIES:				
IF FIRST AID GIVEN:	NAME	PHONE #		
IF TREATED BY DOCTOR:	NAME	ADDRESS		
IF SENT TO HOSPITAL:	NAME	ADDRESS		

COMMENTS