STATE OF MARYLAND GENERAL LIABILITY LOSS REPORT

State Treasurer's Office Insurance Division

80 Calvert Street Annapolis, MD 21401

800-942-0162 410-260-7684 Fax 410-974-2865

Agency Name & Location:	Contact's Name & Address:	
Phone #	Phone #	
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Date of Occurrence:	Time:	AM/PM
Location of Occurrence:		
(Include City & State)		
Police Authority Contacted: Yes No	Report #:	
Jurisdiction/Department:	Report #.	
Property Damaged:		
Describe Property (Type, model, etc.)		
D 7 D + D		
Describe Property Damage:		
Estimate Amount:		
Owner's Name:		
Address:		
Phone #'s		
Injured Person(s):		
Name & Address:	Name & Address	
Phone # Age:	Phone #	Age:
Description of Occurrence:	1 Hone #	Age.
Description of occurrence.		
Describe Injury:		
William Talam		
Where Taken:		
What Was Injured Doing:		
•		
Witnesses:		
Name & Address:	Name & Address:	
Phone #	Phone #	
Remarks:		
Reported by (Please Print or Type Name)	Signature:	
reported by (Ficase Finit of Type Ivame)	Signature.	
Phone #	Date:	