

**SOMERSET COUNTY JOINT INSURANCE FUND**

**INTERNAL INCIDENT REPORT**

General Liability

Auto Liability

Property

DATE OF REPORT: \_\_\_\_\_

0001 - COUNTY OF SOMERSET

0008 - TOWNSHIP OF RARITAN

0002 - SOMERSET COUNTY PARK COMMISSION

0009 - TOWNSHIP OF BRIDGEWATER

0003 - SOMERSET COUNTY VOC. & TECH. SCHOOLS

0010 - TOWNSHIP OF CLINTON

0004 - RARITAN VALLEY COMMUNITY COLLEGE

0011 - TOWNSHIP OF DELAWARE

0005 - SOMERSET COUNTY LIBRARY COMMISSION

0012 - BOROUGH OF RARITAN

0006 - TOWNSHIP OF BRANCHBURG

0013 - BOROUGH OF HIGH BRIDGE

0007 - TOWNSHIP OF GREEN BROOK

DEPARTMENT: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

NAME OF EMPLOYEE(S) INVOLVED IN INCIDENT:

\_\_\_\_\_  
**(Please print)**

LOCATION OF INCIDENT: \_\_\_\_\_

DESCRIPTION OF INCIDENT/DAMAGE (If necessary, attach second page/narrative):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If known or applicable, CLAIMANT (other party) INFORMATION-NAME, ADDRESS, CONTACT, ETC.:

\_\_\_\_\_  
\_\_\_\_\_

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

VEHICLE INVOLVED: \_\_\_\_\_

(If Applicable)

(Year)

(Make)

(Model)

(Vin No.)

SUPERVISOR'S NAME: \_\_\_\_\_

(Please print)

SUPERVISOR'S EMAIL & PHONE: \_\_\_\_\_

SIGNATURE & TITLE OF PARTY COMPLETING FORM:

\_\_\_\_\_  
**(Please sign and print)**

PLEASE SIGN THE ABOVE AND FORWARD **PROMPTLY** TO BEGIN CLAIM PROCESS.

**c/o New Jersey Risk Managers & Consultants, Inc., PO Box 367, Somerville, NJ 08876**

Email: [claims@njrm.com](mailto:claims@njrm.com) Phone: (908) 231-8770 Fax: (908) 231-8769