

School Emergency Response Plan and Management Guide

Property Loss/General Liability Claim Report Form

Property Loss/General Liability Claim Report Form

This form is used to report incidents/accidents related to property damage or unusual occurrences.

PART I: DC EMPLOYEE REPORTING ACCIDENT/INCIDENT:

Contact Information (Last Name, First Name, M.I.) _____

Job Title/Position: _____

Agency: _____ Address: _____

Work Phone #: () _____ - _____ Date Reported: _____

PART II: INCIDENT/ACCIDENT INFORMATION:

Date of Accident/Incident: _____ Accident/Incident Location Address: _____

Time of Accident/Incident: _____ Accident/Incident Result of: _____

Location Type:

Government Facility Private Property Public Space Not Identified Other: _____

PART III: CLAIMANT INFORMATION:

_____ Last Name

_____ First Name

_____ M.I

_____ Date of Birth

Address: _____

Work Phone #: () _____ - _____ Home Phone #: () _____ - _____

Mobile Phone #: () _____ - _____ Social Security #: _____ - _____ - _____

Medical Information:

Was the claimant taken to the hospital via personal car/ambulance? No Yes Ambulance #: _____

Was the claimant admitted? No Yes: Date _____

Name of Hospital: _____ Hospital Address: _____

Treating Physician: _____

Insurance Information: (property damage usage only)

Name of Carrier: _____

Primary Name on Policy: _____ Policy #: _____

Phone #: _____

PART IV: ACCIDENT/INCIDENT DESCRIPTION:

DAMAGED PROPERTY (Please use the space below to provide a detailed description of damaged articles, nature/extent of damage, date of purchase, where purchased, and cost at time of purchase.)

