



Incident Report
General Liability

Parish/School Information
Location Name:
Location Address:
Contact Name:
NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS REPORT MUST BE COMPLETED AND SUBMITTED TO THE RISK & INSURANCE MANAGEMENT DEPARTMENT WITHIN 24 HOURS OF ANY INCIDENT.

Incident Information
Accident - Non-Employee | Vehicle Accident | Burglary/Theft/Robbery | Property Damage | Fire | Other
Student
Date of Incident:
Time of Incident:
Approximate Value of Loss: \$
Location of Incident:
Description of Incident:
Name of Person Involved in Incident:
Telephone:
Address of Person Involved in Incident:
Description of Property Involved in Incident:
Name of Witness to Incident:
Telephone:
Address of Witness to Incident:
Name of Witness to Incident:
Telephone:
Address of Witness to Incident:
Attachments: Police Report | List of Damaged/Lost Items
Damaged/Lost Items Replaced? Yes | No

Report Authorization
REPORT MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE FINDINGS.
Report Completed By:
Date Completed:
Position/Title:
Telephone:

Risk & Insurance Management Use Only
Report Received By:
Date Received: