



GENERAL LIABILITY INCIDENT REPORT

LOCATION INFORMATION School Church Date of Report: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

CONTACT PERSON

Name: _____ Phone: _____ Email: _____

PERSON(S) INVOLVED IN THE INCIDENT

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

INCIDENT INFORMATION

Location where accident took place: _____ Date: _____ Time: _____ AM/PM

Provide detailed description of incident: _____

Extent of Injury: _____

What was the person doing when the incident took place? _____

If any property damage, please describe: _____

Indicate if any of the following emergency services were contacted

911 _____

Ambulance _____

Fire Department _____

Police _____

Other _____

WITNESS 1

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

WITNESS 2

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Form Completed By:

Name Date Phone Email

Submit to:

Archdiocese Insurance Program
Risk Management Office
2838 E. Burnside Street, Portland, Oregon 97214
503-234-5334 Fax: 503-234-2903
riskmanagement@archdpx.org