



Liability Claim
Injury or Property Damage to City Property
My 1st Report of an Incident/Accident

(To be completed by individual involved in the accident and sent to Risk Manager when an accident to our property occurs)

Name of Our Entity:
Address:
Phone #:
Date Incident Occurred:
Where did the Incident Occur?
Describe what happened:
Which supervisor did you report the claim to?
Department involved in Incident:
Employee(s) involved in Incident:
Was a Drug & Alcohol Test Required as per the policy: Yes No
Was any one injured in the accident? If so, please describe the injuries and who received them.
Date Signed:
Signature: