



### GENERAL LIABILITY REPORT FORM

Date of Loss	
Time of Loss	<input type="checkbox"/> AM <input type="checkbox"/> PM
Exact Location	
Department	
Authority Contacted	
Report # (attach if available)	

**Employee Information** (if involved)

Employee Name	
SSN (Last 4 Digits)	
Job Title	
Department/Subdivision	/
Supervisor	
Workers Compensation claim also filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe injuries	
Was the employee cited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe	

**Reporting**

Person Notified	
Date and Time Notified	/ / : <input type="checkbox"/> AM <input type="checkbox"/> PM

**Description of Loss**

Detailed Description of How Loss Occurred	
Detailed Description of Property Damage	
Where Can Property Be Seen?	
Detailed Description of Any Injuries Claimed	
Witnesses Names and Phone Numbers	_____ _____ _____



**General Liability Form**

**Other Claims Filed in Addition to This Claim**

Auto	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Information**

Was the loss a result of any malfunction or defect of a product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe ( <b>IMPORTANT</b> : please retain all evidence until investigation is complete)	
Other Parties Involved	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide names and phone numbers of other parties	_____ _____
Was medical attention sought by any party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?	
Was a County vehicle involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the following information:	VIN #: _____ Make: _____ Model: _____ Year: _____

Reported by: \_\_\_\_\_

Comments: \_\_\_\_\_

**Complete this form and submit to Human Resources within 24 hours of the loss.  
Complete all fields if the information is available.  
Contact Human Resources at 814-6402 with questions.**