

DIOCESE OF TUCSON
THE ORDINARY MUTUAL
GENERAL LIABILITY INCIDENT FORM

FILL OUT AT SCENE OF INCIDENT

IN CASE OF A SERIOUS or LIFE-THREATENING INJURY – Call 911

DO NOT ADMIT LIABILITY - Make no statements regarding fault or payment of any bills.

IMMEDIATELY - Fill out this report, fax or e-mail, and mail to:

Liz Aguallo
Property and Insurance Administrator
PROPERTY AND INSURANCE OFFICE
P.O. Box 31
Tucson, Arizona 85702-0031

FAX: 520-838-2582
EMAIL: liza@diocesetucson.org

EXAMINE - The accident scene.

Note conditions such as debris, moisture, lighting, equipment involved, etc.

DO NOT DISCUSS THE INCIDENT –

Except with Parish Officials, Police, or your insurance representative

KEEP ANY EVIDENCE - For the claims adjuster's review.

PERSON SUBMITTING REPORT

NAME: _____

TITLE: _____

PHONE #: _____

PARISH/AGENCY: _____

ADDRESS: _____

GENERAL LIABILITY INCIDENT FORM

- CONTINUED -

INCIDENT REPORT

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

PERSON INVOLVED IN INCIDENT: _____

AGE: _____

PHONE #: _____

HOME ADDRESS: _____
STREET CITY ZIP

NATURE AND EXTENT OF INJURY : _____

LOCATION INCIDENT TOOK PLACE: _____

WHY WAS THIS PERSON ON PREMISES? _____

WITNESSES

NAME: _____

PHONE #: _____

ADDRESS: _____
STREET CITY ZIP

NAME: _____

PHONE #: _____

ADDRESS: _____
STREET CITY ZIP

NAME: _____

PHONE #: _____

ADDRESS: _____
STREET CITY ZIP

POLICE / FIRE DEPARTMENT

NAME OF OFFICER: _____

BADGE #: _____ **PHONE #:** _____

AMBULANCE: _____

WHAT ACTION HAS BEEN TAKEN TO PREVENT SIMILAR INCIDENTS IN THE FUTURE?

