



PROPERTY/VEHICLE/GENERAL LIABILITY REPORT

(This form is for internal use only and should NOT be given to parents, guests, or third parties.)

PARISH/SCHOOL INFORMATION:

PARISH/School: _____ Location / Site: _____

School Administrator's name: _____ Title: _____

Contact Information: Phone: _____ Email Address: _____

Address where incident or loss occurred: _____

Specific location where incident occurred: _____

INCIDENT INFORMATION:

Non-Employee/Parishioner ___ Burglary/Theft ___ Fire ___ Volunteer ___

Student Property Damage ___ Bodily Injury ___

Parish/School-owned property/contents damage ___ Parish/School-owned property/content theft ___

Parish/School-owned/rented vehicle accident ___ Parish/School-owned/rented vehicle damage/theft ___

Name of Claimant/Injured Party: _____

Phone No: _____

Date of incident: _____ Time: _____ AM _____ PM _____ Date reported to school: _____

Name of person to whom the incident was reported: _____

Contact Information: Phone: _____ Email Address: _____

Damage/Incident Description: _____

Legal complaint or attorney letter received? ___ Yes ___ No (if yes, please email a copy with this report

PROPERTY INFORMATION:

Describe the type of Parish owned or School owned property or contents damaged or stolen _____

If vehicle: Name/contact information of the driver of vehicle _____

Year/make/model of vehicle _____

Area of damage _____

Name/contact information for driver of the other vehicle(s) _____

Year/make/model of other vehicle(s) _____

Area of damage _____

Estimated cost of damage: _____ Responsible party: _____

Is vehicle or property owned by the school? ___ Yes ___ No If no, Property Owner's Name: _____



Address: _____ City/State/Zip: _____

Phone: _____ Used for business or pleasure? _____

Cause of incident: (check any that apply).

- | | |
|--|---|
| <input type="checkbox"/> Trip/slip/fall | <input type="checkbox"/> Employment dispute |
| <input type="checkbox"/> Allegation of neglect/unsafe conditions | <input type="checkbox"/> Wrongful termination complaint |
| <input type="checkbox"/> Allegation of discrimination or abuse | <input type="checkbox"/> Special education complaint |

Please provide additional info: _____

SECURITY INFORMATION/OFFICIAL REPORT INFORMATION:

Were the police notified? Yes No If yes, report number: _____

Was there an active alarm or surveillance system in place at the time of incident? Yes No

Was there any evidence of break-in or obvious signs of forced entry? Yes No

Were the building doors and windows locked securely at the time of incident? Yes No

If no, why not?

WITNESS INFORMATION: (use separate sheet for additional witnesses)

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Report Completed By: _____ Date: _____