



**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: \_\_\_\_\_