

My 1st Report of an Incident/Accident
(To be completed by the Risk Manager and sent to ICRMP
when a **CLAIM** is filed **against** you.)

Liability Claim

Injury or Property Damage to Others

Name of Our Entity:
Address:
Phone #:
Date Incident Occurred:
Where did the Incident Occur?
Has a Tort Claim been filed? If so, When?
Describe What Happened:
Who reported the claim to you?
Department Involved in Incident:
Employee(s) Involved in Incident:
Date Claim for Damage received in writing:
Date Signed:
Risk Manager Signature:

(Please attach any additional documentation you deem necessary)