



## HENRY COUNTY SCHOOLS GENERAL LIABILITY LOSS NOTICE

### Incident Information

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Claimant/Property Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Injury/Damage Information

If Bodily Injury, Describe Injury: \_\_\_\_\_

Where was Injured Taken? \_\_\_\_\_

What was Injured Doing? \_\_\_\_\_

If Property Damage, Describe Property Damaged: \_\_\_\_\_

\_\_\_\_\_

Estimated Amount of Damage: \_\_\_\_\_

### Witness Information

Witnesses/Phone Numbers \_\_\_\_\_

Form Completed by: \_\_\_\_\_

Distribution:      Original – Risk Management      Copy – Supervisor