

LIABILITY INCIDENT REPORT
MURRAY CITY CORPORATION



MURRAY
CITY ATTORNEYS

*Complete Report For Any "Non-Vehicle Related" Liability Incident (Property Damage or Injury).
** Photograph Incident Scene & Damages. Submit to Risk Management Within 24 Hours of the Incident. ***

Employee Information

Employee Involved _____ Title _____

Phone _____ Supervisor _____ Dept _____

Incident Information

Incident Date _____ Incident Time _____

Incident Location (Address) _____

Who was First Notified of the Incident and When _____

Injury: Yes No Nature & Extent of Injury (Be as specific as possible) _____

911 Called: Yes No Did EMS Transport: Yes No Where Transported _____

Property Damage: Yes No Nature & Extent of Damage (Be as specific as possible) _____

Description of Incident (Describe sequence of events) _____

What Caused the Incident (List all causes & contributing factors) _____

Claimant Information

Claimant's Name _____ Phone _____

Address _____

Witnesses

Name Address Phone

Report Prepared by _____ Title _____

Signature _____ Date _____