General liability INCIDENT REPORT

To report an incident, please complete the form and send to Brandon Rothkopf, [brandonrothkopf@archstl.org](mailto:brandonrothkopf@archstl.org), 314-792-7079 (fax)

***Note: Any question with an asterisk (\*) is required information.***

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| **Client Information** | | | | | | | | | | | | |
| \*GB Client Number | | | 000292 | | | | | | | | | |
| \*Client Name | | | Archdiocese of St. Louis | | | | | | | | | |
| **Date and Time** | | | | | | | | | | | | |
| \*Incident Date | | | Enter date. | | | | | | | | | |
| \*Insured Notified Date | | | Enter date. | | | | | | | | | |
| **Client Location** | | | | | | | | | | | | |
| \*Location Code | | | Enter Location Code. | | | | | | | | | |
| \*Name | | | Enter Name. | | | | | | | | | |
| Street Address | | | Enter Street Address. | | | | | | | | | |
| City | Enter City. | | \*State | | Choose State. | | | ZIP | | | Enter ZIP. | |
| Phone Number | Enter phone #. | | | | | | | | |  | | |
| **Submitter Information** | | | | | | | | | | | | |
| Name | | | Enter Name. | | | | | | | | | |
| Title | | | Enter Title. | | | | | | | | | |
| Email Address | | | Enter Email. | | | | | | | | | |
| Phone Number | | | Enter Phone #. | | | | | | | | | |
| **Incident Information** | | | | | | | | | | | | |
| \* Detailed Description of Incident (Limit the description field 250 characters) | | | Enter Description. | | | | | | | | | |
| **Witnesses** *(Only if any Witnesses) - can add as many as necessary* | | | | | | | | | | | | |
| First Name | | | Enter First Name. | | | | | Last Name | | | Enter Last Name. | |
| Home Phone | | | Enter Phone #. | | | | | Work Phone | | | Enter Phone #. | |
| **Location of Incident** *(type SAME, if same as reporting location)* | | | | | | | | | | | | |
| Location Name | | | Enter Location Name. | | | | | | | | | |
| Street Address | | | Enter Street Address. | | | | | | | | | |
| City | Enter City. | | \*State | | Choose State. | | | | ZIP | | Enter ZIP. | |
| **Authority** | | | |
| Authority Name (e.g. police officer) | | | Enter Name. | | | | | | | | | |
| Phone Number | | | Enter Phone #. | | | | | | | | | |
| **Involved Parties** *(can add as many as necessary)* | | | | | | | | | | | | |
| \*First Name | | | Enter Name. | | | | Middle Initial | | | | | Enter Initial. |
| \*Last Name | | | Enter Name. | | | |  | | | | | |
| Phone Number | | | Enter Phone #. | | | | | | | | | |
| Street Address | | | Enter Street Address. | | | | | | | | | |
| City | Enter City. | | State | | Choose State. | | ZIP | | | | | Enter ZIP. |
| Birth Date | Enter date. | | | | Date of Death (if applicable) | | | | | | | Enter date. |
| Marital Status | Choose... | | Gender | | Choose... | | | | | | | |
| Relationship to Client (employee, spouse, self, customer, unknown, other) | | | | | | | | | | | | Enter text. |
| **Medical Provider** *(Only if medical treatment rendered)* | | | | | | | | | | | | |
| Hospital/Clinic Name | | | Enter text. | | | | | | | | | |
| Street Address | | | Enter Street Address. | | | | | | | | | |
| City | Enter City. | | State | | Choose State. | | ZIP | | | | | Enter ZIP. |
| Phone Number | | Enter Phone #. | | | | | | | | | | |
| Doctor Name | | Enter Name. | | | | | | | | | | |
| Street Address | | Enter Street Address. | | | | | | | | | | |
| City | Enter City. | | State | | Choose State. | | ZIP | | | | | Enter ZIP. |
| Phone Number | | Enter Phone #. | | | | | | | | | | |
| **Involved Party Employer** | | | | | | | | | | | | |
| Name | | Enter Name. | | | | | | | | | | |
| Work Phone | | Enter Phone #. | | | | | | | | | | |
| Occupation | | Enter text. | | | | | | | | | | |
| Involvement Type (claimant or owner; owner refers to property) | | | | | | Enter text. | | | | | | |
| **Property** *(if applicable)* | | | | | | | | | | | | |
| Third Party Property? | | Choose... | | | | | | | | | | |
| Describe Item(s) | | Enter text. | | | | | | | | | | |
| Damage Description | | Enter text. | | | | | | | | | | |
| Estimated Damage | | Enter text. | | | | | | | | | | |
| Insurance Co. Name | | Enter text. | | | | | | | | | | |
| Policy Number | | Enter text. | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **When/Where Can Be Seen** *(current location of property)* | | | | | | |
| Name | | | Enter Name. | | | |
| Street Address | | | Enter Street Address. | | | |
| City | Enter City. | | State | Choose State. | ZIP | Enter ZIP. |
| When | Enter text. | | | | Owner | Enter text. |
| **Notes/Additional Comments** *(ie, if this is for report only)* | | | | | | |
| Additional Remarks | | Enter text. | | | | |