

**GENERAL LIABILITY INCIDENT REPORT**

<b>Public Entity</b>			
<b>Name of Injured Party or Property Owner:</b>			
Mailing Address		<b>Date and Time of Occurrence:</b>	
		Date (mm/dd/yyyy)	Time
			AM/PM
Business, Home, Cell Phone Numbers		Parent Name (if minor):	
<b>Location Where Incident Occurred:</b>			
<b>Full Description of Incident: (use additional paper as needed and attach photos)</b>			
<b>Injuries – Were there any injuries? If yes, please provide the following information:</b>			
Date of Birth:		Gender:	
Description of Injury		Medical Facility (if treatment received)	
Attorney Information (if represented)			
<b>Property Damage – Is there damage to the property of others? If yes, did the loss involve business damage? If yes, please provide the following information:</b>			
Description of Property and Damage			
Where can property be seen?		Estimate Amount \$	
<b>Witnesses Name:</b>			
Address:			
Telephone:			
<b>Witnesses Name:</b>			
Address:			
Telephone:			
Completed by: (Name and position)		Phone Number:	Completion Date:

**Instructions:** Complete form in detail, take pictures if possible, and submit form immediately with attached photos and any additional information to the office of the City Manager or Superintendent, or project manager. **City Manager/Superintendent/Project Manager:** Email form to [pcclaims@alaskarisk.org](mailto:pcclaims@alaskarisk.org) or APRA at 907-560-2010 and fax to APRA at 833-520-1660

