GENERAL LIABILITY CLAIM REPORTING FORM

Date of Loss Time	ORM Location Code	
Names of All Parties Involved		
Who was Notified? Police?	Agency? Others?	
Description of Incident and Actio	n Taken:	
	al reports & photos [see next page])	
Injury Information:		
Type and extent of injury known:		
Name of injured Party:	Phone	
Address:	City/State	
Name/Address of Attorney:		
Damage to Others' Property:		
Description of Property & Damage ((Age/Make/Model/Cost of Repairs)	
		
(Attach additional Information if ava	,	
Name of Owner:	Phone	
Address:	City/State	
Witnesses:		
Name:	Phone	
Address:	City/State	
Name:	Phone	
Address:	City/State	
Reported by:	Date:	
Contact Person:	Phone	
Use this form to report incidents a	affecting members of the general public or others while on a claim against the State. Do not use for auto accidents of	State property

Send completed report to:

FARA claimopening@fara.com

Print This Form

Submit by Email

SUGGESTIONS FOR REPORTING GENERAL LIABILITY CLAIM

Were photographs taken? Please include originals (photocopies are seldom adequate).

Was a police report / incident report created? Please include copy(ies).

The more detail you can supply, the better.

For example, when reporting slip/trip and fall incidents:

Was the claimant wearing glasses? What type of shoes? What kind of soles? Does claimant have any handicaps/disabilities? Was he/she on any medications? What kind of surface was claimant walking on? What was the lighting condition? Was surface wet or dry? Any debris present? Any defects? Surface irregularities?

For stolen items,

Were they secure? What kind of lock? Who has keys or access? Supply brand name, original cost, date of purchase.

For damaged personal property,

Give brand name, original cost, date of purchase, where can item be seen?

For broken furniture etc,

Was broken item removed from circulation? Was it stored for examination by investigator? Where stored? (Do not repair or discard broken items involved in a claim until told to do so by ORM)