## Corporation of the Catholic Archbishop of Seattle **Property or Liability Incident Report**

Send this report to:

Sedgwick Claims Management Services

Phone: (866) 471-9518 Fax: (503) 412-3990



Report Prepared By:		Title:		Phone No:			
Type of Incident (theft / injury / prope	):						
Location Name:							
Location Address:		Ci	City:			Zip:	
Incident Date:	Time:	,	Weathe	r Conditions:			
Agency/Parish/School ID #:							
Who Reported Incident to you?							
Description of Incident:							
Action Taken:							
CLAIMANT INFORMATION							
Name(s):			Work Phon				
			Home Phone No.:				
Resident Address:			City:			Zip:	
Claimant's Version of Incident:							
Injuries/Property Damage:							
injuries/ Froperty Damage.							
Damage to Our Property (be specific):							
_							
WITNESSES							
Name:		Work Pho					
		Hom		me Phone No.:			
Resident Address:			City:			Zip:	
Name:			Work Phone No.:				
			Home Phone No.:				
Resident Address:		Cit		ty:		Zip:	
Investigating Officer/Agency:				Report No.:			
Reported to:		Da	ate:				
Signed:		Di	Date:				

Attachments: Photographs Statement Form