



**GENERAL LIABILITY**

Use this form to report bodily injury or property damage arising out of an activity to a parishioner or guest while at a parish, school, or other location.

Parish/School/Location: \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Individual's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Injured Individual's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Person Reporting: \_\_\_\_\_

Date Form Completed (mm/dd/yyyy): \_\_\_\_\_ Date of Incident (mm/dd/yyyy): \_\_\_\_\_

Location of Incident (e.g., front steps, hallway, parking lot, etc.):  
\_\_\_\_\_

Were there witnesses?  Yes  No

Were pictures taken?  Yes  No

If Yes, please list names and contact information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were the police or rescue squad called?  Yes  No Police Report Number: \_\_\_\_\_

Describe What Happened:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Bodily Injury or Property Damage to 3<sup>rd</sup> Party:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN COMPLETED FORM TO RISK MANAGEMENT**

[riskmanagement@arlingtondiocese.org](mailto:riskmanagement@arlingtondiocese.org)

FAX: 703-778-9118