

**DIOCESE OF TUCSON**  
THE ORDINARY MUTUAL  
**GENERAL LIABILITY INCIDENT FORM**

**FILL OUT AT SCENE OF INCIDENT**

**IN CASE OF A SERIOUS or LIFE-THREATENING INJURY – Call 911**

**DO NOT ADMIT LIABILITY** - Make no statements regarding fault or payment of any bills.

**IMMEDIATELY** - Fill out this report, fax or e-mail, and mail to:

Liz Aguallo  
Property and Insurance Administrator  
PROPERTY AND INSURANCE OFFICE  
P.O. Box 31  
Tucson, Arizona 85702-0031

FAX: 520-838-2582

EMAIL: [liza@diocesetucson.org](mailto:liza@diocesetucson.org)

**EXAMINE** - The accident scene.

Note conditions such as debris, moisture, lighting, equipment involved, etc.

**DO NOT DISCUSS THE INCIDENT** –

Except with Parish Officials, Police, or your insurance representative

**KEEP ANY EVIDENCE** - For the claims adjuster's review.

**PERSON SUBMITTING REPORT**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

PARISH/AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**GENERAL LIABILITY INCIDENT FORM**

- CONTINUED -

**INCIDENT REPORT**

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

PERSON INVOLVED IN INCIDENT: \_\_\_\_\_

AGE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

NATURE AND EXTENT OF INJURY : \_\_\_\_\_  
\_\_\_\_\_

LOCATION INCIDENT TOOK PLACE: \_\_\_\_\_

WHY WAS THIS PERSON ON PREMISES? \_\_\_\_\_  
\_\_\_\_\_

**WITNESSES**

**NAME:** \_\_\_\_\_

PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

**NAME:** \_\_\_\_\_

PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

**NAME:** \_\_\_\_\_

PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

**POLICE / FIRE DEPARTMENT**

**NAME OF OFFICER:** \_\_\_\_\_

**BADGE #:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**AMBULANCE:** \_\_\_\_\_

WHAT ACTION HAS BEEN TAKEN TO PREVENT SIMILAR INCIDENTS IN THE FUTURE?  
\_\_\_\_\_  
\_\_\_\_\_