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

Call in this report to: Sedgwick Claims Management Services Phone: (866) 471-9518



Report Prepared By:		Title:			Phone No:		
Type of Incident (theft / injury / property damage / etc.):							
Location Name:							
Location Address: City		City:		Zip:			
Incident Date:	Time:		Weather Conditions:				
Agency/Parish/School ID #:							
Who Reported Incident to you?							
Description of Incident:							
Action Taken:							
CLAIMANT INFORMATION Name(s):			Work	Work Phone No.:			
Name(s).			Home Phone No.:				
Resident Address:	lent Address:		City:		Zip:		
Claimant's Version of Incident:							
Injuries/Property Damage:							
Damage to Our Property (be specific):							
WITNESSES							
Name:		Work Phone No.:					
		Home Phone No.:					
Resident Address:	sident Address:		City:		Zip:		
Name:		Work Phone No.:					
	Home Phone			e No.:	• No.:		
Resident Address:	City:				Zip:		
Investigating Officer/Agency:			Report No.:				

Reported to:	Date:
Signed:	Date:

Attachments:

**Statement Form**