



GENERAL LIABILITY INCIDENT REPORT

Public Entity			
Name of Injured Party or Property Owner:			
Mailing Address	Date and Time of Occurrence:		
	Date (mm/dd/yyyy)	Time	AM/PM
Business, Home, Cell Phone Numbers	Parent Name (if minor):		
Location Where Incident Occurred:			
Full Description of Incident: (use additional paper as needed and attach photos)			
Injuries – Were there any injuries? If yes, please provide the following information:			
Date of Birth:	Gender:		
Description of Injury	Medical Facility (if treatment received)		
Attorney Information (if represented)			
Property Damage – Is there damage to the property of others? If yes, did the loss involve business damage? If yes, please provide the following information:			
Description of Property and Damage			
Where can property be seen?	Estimate Amount \$		
Witnesses Name:			
Address:			
Telephone:			
Witnesses Name:			
Address:			
Telephone:			
Completed by: (Name and position)	Phone Number:	Completion Date:	

Instructions: Complete form in detail, take pictures if possible, and submit form immediately with attached photos and any additional information to the office of the City Manager or Superintendent.

City Manager/Superintendent: Email form to claims@akpei.com or call APEI, Brad Thompson (877) 587-2734 and fax to APEI (907) 586-2008.