

INCIDENT REPORT

TODAYS DATE (MM/DD/YY)

Golden State Risk Management Authority
243-247 West Sycamore Street
Post Office Box 706
Willows. California 95988

claims@gsrma.org
Fax: (530) 934-8133
Phone: (530) 934-5633

DATE OF LOSS (mm/dd/yy)

TIME OF LOSS

AM

PM

General: This report is to be completed for all accidents involving your equipment, or the public when injured on your property or private property or damage to private property. Please maintain the original in the District files and email or fax a copy to Golden State Risk Management Authority.

Member Agency	Name of Employee	Job Title
Private Party Incident: Injury _____ Non-Injury _____	Property Damage: Vehicle _____ Other _____	
Name of Party Involved/Injured	Insurance Carrier of Other Party	
Home Address of Other Party	Phone Number of Other Party	
Witnesses	Address	Phone
Where Did The Incident Occur? (Address, City and County)		
Date and Time of Incident:	District Premises? Yes No	
What was the Nature of the Accident? (If additional space for report is needed please use the reverse side of this form)		

Name of Person Completing form

Date

Incident Report

1. Use this form when any incident occurs involving a third party (someone other than a District employee or volunteer) that is likely to result in an action (lawsuit) against the District. This form should also be used when a District is involved in an auto accident while using their personal vehicle on District business.
2. This form should be completed by the employee involved in the incident, a District representative, and/or employee witnesses.
3. Include as much information as possible when reporting the loss and take photos of the damage, if possible.
4. Upon completion, keep original documents in District files and forward to GSRMA at: claims@gsrma.org or (530) 934-8133 (fax).