



Liability Report Only

Coverage Through Risk Pool: Midwest Public Risk | Claims Administrator (TPA): Thomas McGee, L.C.
(* = Required Information)

This form should be completed to record as much information as possible when an event takes place involving a third party and they indicate they are not planning on filing a claim. Often over what could be an extended period of time, a third party may reverse course and pursue a claim and this information could be very beneficial. Preserving as much information as is possible immediately following an event is crucial. Examples where this form should be used include but are not limited to:

- A Member vehicle strikes a citizen's vehicle, and the damage appears to be under the Member's deductible but there is a possibility the amount of damage may exceed the deductible after further assessment.
- An individual slips and falls at a Member facility, at a swimming pool or on a sidewalk but claim they are fine.
- An individual falls off a piece of playground equipment and state they are fine.

MEMBER INFORMATION*

Preparer's Name: _____ Phone: _____
 Entity: _____
 Address: _____ City: _____ State: _____ Zip: _____

INCIDENT INFORMATION*

Date of Incident: _____ Time: _____
 Date Reported: _____ Date Investigated: _____
 Location Address: _____ City: _____ State: _____ Zip: _____
 How was Member notified: _____

INVOLVED THIRD PARTY INFORMATION*

Name: _____ Home Phone: _____ Cell Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Is the third party considered a minor? Yes No

WITNESS INFORMATION

Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____

Event description including a description of any known injury, potential injury, (i.e. fell and they landed on their shoulder), first aid provided, property damage and contributing factors regarding actions of the individual or the environment. Be sure to note the individual's footwear for events involving a slip and fall.

Were Photographs Taken: Yes No

Preparers Signature _____ Title _____ Date _____

E-mail completed form to reportonly@mprisk.org or Fax to 816-842-1276
 For questions call 816-858-6380 or 816-842-4800 (Please specify you are with MPR)
 Please attach any additional pertinent information in relation to the claim (photos, police report, estimates, etc.)