



# Liability Report of Incident

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

## MEMBER INFORMATION\*

Preparer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Entity: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## INCIDENT LOCATION INFORMATION\*

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Department: \_\_\_\_\_

Report Was Made To Police?  Yes  No

Department Name: \_\_\_\_\_ Report Number: \_\_\_\_\_

How was Member Notified of Loss: \_\_\_\_\_

Incident/Loss Description (*Be As Detailed As Possible*):

## PROPERTY DAMAGE

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Damage Description (*Be As Detailed As Possible*):

Estimated Damage: \$ \_\_\_\_\_



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## THIRD PARTY INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Injury Description *(Be As Detailed As Possible)*:

Did Injured Person Require Medical Attention?     Yes     No

Hospital/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## DATE OF REPORT:

Report Taken By: \_\_\_\_\_ Date: \_\_\_\_\_

Did You See The Incident Occur?     Yes     No

How Did This Incident Occur *(Be As Detailed As Possible)*:

## WITNESS INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any Photographs Taken?     Yes     No

## ADDITIONAL COMMENTS/REMARKS

E-mail completed form to [claims@mprisk.org](mailto:claims@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.)