

**West Shore Community College  
NON-EMPLOYEE INJURY  
OR PROPERTY DAMAGE CLAIM / INCIDENT REPORT**

1. Reported By	2. Date Reported	3. Date of Claim/Incident
3. Time of Claim / Incident	4. Exact Location	

**PERSONAL INJURY**

5. Name of Injured Person or Claimant:			6. Occupation		
7. Street Address			8. Phone Number		9. Age
10. City	11. State	12. Zip	13. Nature of Injury		
14. Part of Body Injured			15. Insurance Company or Agent		

**PROPERTY DAMAGE**

16. Property Damaged	17. Police Report
18. Nature of Damage	
19. Extent of Damage	
20. Estimated Cost	21. Actual Cost

**WITNESSES**

22. Name	22a. Phone Number	22b. Address
23. Name	23a. Phone Number	23b. Address
24. Name	24a. Phone Number	24b. Address

**CLAIM/INCIDENT REPORT** (Describe clearly how the accident/incident occurred.  
Please be sure to attach any support data.)

**SUGGESTIONS OR ACTIONS TAKEN TO PREVENT REOCCURRENCE**

**Submitted By:**

**Date:**

