



IPARKS POLICE PROFESSIONAL LIABILITY CLAIM/INCIDENT REPORT

Member (Include address and telephone number): _____

Certificate No.: _____ Certificate Term: _____

Deductible: _____ Other Insurance? _____

If so, list carrier, policy number, and policy term: _____

Potential Claimant (Include address and telephone number): _____

Date of Incident: _____ Description of Incident: _____

Location of Incident: _____

How and when were you first notified of the incident? _____

Were there any third parties involved? _____ If so, explain who and why: _____

List damages and amounts or injuries, along with the source that you received this information from: _____

Has the potential claimant made a claim against you? _____ If not, do you have any reason to believe that the potential claimant will pursue a claim in the near future? _____ If so, why? _____

Were any other law enforcement agencies involved? _____ If so, list them and explain how they were involved: _____

List the names, addresses, and telephone numbers of all witnesses: _____

IMPORTANT - PLEASE ATTACH COPIES OF ALL DOCUMENTATION IN EXISTENCE WITH REGARD TO THIS INCIDENT, IF AVAILABE:

- | | |
|----------------------------------|---------------------------|
| _____ Photographs | _____ Statements |
| _____ Police Reports | _____ News Article |
| _____ Medical Examiner's Reports | _____ Physicians' Reports |

Name of Member contact Person: _____

Telephone No.: _____

Date: _____

E-Mail Address: _____

This form has been completed by:

Name (Please Print): _____

Address: _____

Telephone No.: _____