

HAMILTON COUNTY  
DEPARTMENT OF EDUCATION  
PUBLIC LIABILITY/GENERAL INCIDENT REPORT

FILE WITH DEPARTMENT OF EDUCATION  
RISK MANAGEMENT DEPARTMENT

3074 Hickory Valley Road, Building 200-1  
Chattanooga, TN 37421

Phone: (423) 498-7084

\*Fields bordered in red are required.

**THIS REPORT MUST BE FILED IMMEDIATELY WITH HAMILTON COUNTY DEPARTMENT OF EDUCATION RISK MANAGEMENT DEPARTMENT, EMAIL: RISK\_MANAGEMENT@HCDE.ORG**

<b>1. Type of Incident:</b>  <b>Was accident on HCDE property?</b>  <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Injury	<input type="checkbox"/> Fatality
	<input type="checkbox"/> Arson/Fire	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Rape Attempt
	<input type="checkbox"/> Assault	<input type="checkbox"/> Flooding	<input type="checkbox"/> Other Sex Offense
	<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Trespassing	<input type="checkbox"/> Weapons
	<input type="checkbox"/> Burglary/Robbery	<input type="checkbox"/> Drug/Alcohol	<input type="checkbox"/> Demonstration
	<input type="checkbox"/> Homicide	<input type="checkbox"/> Breaking & Entering	<input type="checkbox"/> Other: _____

**2. Time of Incident:** Date: \_\_\_\_\_ Weekday: \_\_\_\_\_ Time: \_\_\_\_\_

**3. Location of Incident:**  
Facility/School Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: TN Zip: \_\_\_\_\_

**4. Description of Incident:**  
\_\_\_\_\_

**5. Description of Injury and/or Property Loss/Damage:**  
(Please attach to this form a copy of the invoices for any damaged, vandalized or stolen property)  
\_\_\_\_\_

**6. Injured**

Name: _____	Relationship to School: _____	Phone #: _____
Street Address: _____	City: _____	State: _____ Zip: _____
Name: _____	Relationship to School: _____	Phone #: _____
Street Address: _____	City: _____	State: _____ Zip: _____

**If property damaged:**

**7. Property Owner' Name:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**8. Witnesses**

Name: _____	Phone #: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Name: _____	Phone #: _____
Street Address: _____	City: _____ State: _____ Zip: _____

Date of this report: \_\_\_\_\_ Reported By: \_\_\_\_\_ Title: \_\_\_\_\_