



## Mississippi Institutions of Higher Learning General-Liability Claim Reporting Form

University: The University of Mississippi

Address: P.O. Box 1848 University, MS 38677

Contact Person: Don Rogers, Assistant Director of Facilities Phone: (662) 915-6676

Date of Loss or Occurrence: \_\_\_\_\_ Time of Loss: \_\_\_\_\_

Describe Damage/Loss: \_\_\_\_\_

How Did Damage/Loss Occur? \_\_\_\_\_

Employee Responsible: \_\_\_\_\_ Department: \_\_\_\_\_

If property was damaged, please complete the following:

Owner of Property: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Where can property be seen? \_\_\_\_\_

If injuries are involved, please complete the following:

(1) Injured Party's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

Was person taken to doctor/hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

(2) Injured Party's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

Was person taken to doctor/hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

(3) Injured Party's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

Was person taken to doctor/hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

List the names and addresses of any witnesses:

(1) Witness's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(2) Witness's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(3) Witness's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Date Form Completed

Return this completed form with all documentation (pictures, etc.) to Don Rogers in the Student Housing Office.