CLAIMANT REPORT

To Be Filled Out by Claimant:

1. Person(s) injured or owner of property damaged/stolen etc.:
   Name: _____
   Home Address: _____
   _____
   Telephone #: (Home#) _____ (Work #) _____

2. Date of Incident: _____
3. Location of Incident: _____

4. Brief Description of Incident:
   _____
   _____
   _____

5. Condition of Premises: (If applicable to incident)
   _____
   _____

6. Weather Conditions: (If applicable to incident)
   _____
   _____

7. Previously Reported to:
   Harvard Dept./Contact: _____
   Telephone: _____

8. Witnesses Name(s) _____
   Address _____
   _____
   Telephone # _____

9. Medical Assist/ Transported By: _____

10. Additional Comments - Please use separate sheet if necessary. Note any relevant facts that you are aware of regarding the injury or property damage/loss.
    _____
    _____

RETURN COMPLETED FORM TO:

Harvard University - Insurance Department
1033 Massachusetts Ave., Suite 360, Cambridge, MA 02138
Tel. 496-8830 - Fax 496-0505

H.U. INSURANCE DEPARTMENT
INCIDENT REPORT