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| **Liability Event Report****"Confidential"** |
|  |
| **DISTRICT** (INCLUDE POINT OF CONTACT, ADDRESS, TEL#) | **TODAY'S DATE** |
|  |  |
| **DATE OF EVENT** |
|  |
|  |
| Email**:**  |  |
|  |
| **Occurrence** |
| **LOCATION AND DESCRIPTION** |
| **Injured** |
| NAME & ADDRESS, CITY, ST, ZIP | HOME PHONE | WORK PHONE |
|  |  |  |
|  | DOB/AGE | SEX |
|  |  |  |
|  |  |
| **DESCRIBE INJURY OR DAMAGE TO PROPERTY** (USE ADDITIONAL SHEETS AS NEEDED) |
|  |
| **WITNESSES** | PHONE | ADDRESS, CITY, ST, ZIP |
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**Employee Signature Date Reviewing Supervisor Signature Date**

**This form can be emailed to Property & Liability:**

**sisc\_pl@kern.org sent via Fax to (661) 636-4868**

**Questions? Call Lilia Beck at (661) 636-4495**