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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**