STATE OF MISSISSIPPI
LIABILITY CLAIM REPORTING FORM

Agency:_____ **Department/District:** _____
Address:_____ **City/State/Zip:**_____
Person to Contact:_____ **Telephone Number:** _____

1. **If accident, other than automobile, please complete this section:**
   Name: _____ Social Security No.: _____
   Home Address:_____ City/State/Zip:_____
   Home Telephone Number:_____ Work Telephone Number:_____
   Date of Loss:_____Time of Loss:_____ Location of Accident:_____
   Description of Accident: _____
   _____
   _____

2. **If automobile accident, please complete the following: (State Employee <u>and</u> State Vehicle):**
   Name of State Driver:_____ Social Security No.: _____
   Home Address:_____ City/State/Zip:_____
   Home Telephone Number: _____ Work Telephone Number: _____
   Date of Loss:_____Time of Loss:_____ Description of State Vehicle Involved: _____
   _____Tag No.: _____
   Description of Accident: _____
   _____
   _____

3. **If property, other than State owned, was damaged, please complete the following:**
   Describe Property: _____ Describe Damage:_____
   Owner's Name:_____ Telephone Number: _____
   Home Address:_____ City/State/Zip:_____
   Where can property be seen? _____

4. **If injuries involved, please complete the following: (Other than State Employee)**
   **All injured State employees should be reported to Workers' Compensation.
   Injured Party's Name:_____
   Home Address:_____ City/State/Zip:_____
   Home Telephone Number:_____ Work Telephone Number:_____
   Describe Injury: _____
   Was injured person taken to doctor/hospital?_____
   If yes, where was the injured person taken?_____

5. **If more than one person injured, please list names and addresses of all other injured parties: (Other than State Employee)**
   A. Injured Party's Name: _____
   Home Address:_____ City/State/Zip:_____
   Home Telephone Number:_____ Work Telephone Number:_____
   B. Injured Party's Name: _____
   Home Address:_____ City/State/Zip:_____
   Home Telephone Number:_____ Work Telephone Number:_____

6. **Witnesses/Passengers:**
   Witness's Name:_____
   Home Address:_____ City/State/Zip:_____
   Home Telephone Number:_____ Work Telephone Number:_____

7. **Person completing this form:** _____ **Date Form Completed:** _____