



SPECIAL EVENT REPORT OF INJURY OR LOSS
HUMAN RESOURCES

Risk & Compliance Services ■ One Washington Square ■ San José, CA 95192-0046 408-924-2150 ■ 408-924-2148 (fax)

Instructions: *Please print using blue or black ink. Complete separate form for each injured person or property loss claim. Retain a copy and send original to Risk and Compliance Services, 0046. Attach photos, if available.*

GENERAL INFORMATION

Name of Event:
Special Event Certificate of Insurance Number:
Location where Accident/Incident Occurred:
Date/Time of Incident:

FOR INJURIES: INJURED PERSON

Name:	Phone Number:	
Address:	Age:	SSN:
Describe Cause of Injuries:		
Nature and Extent of Injuries:		
Medical Attention Received:		
Name, Address of Attending Physician:		

FOR PROPERTY LOSS/DAMAGE: PROPERTY OWNER

Name:	Phone Number:
Address:	
Describe Property Loss:	
Describe any unsafe condition or unsafe act causing the loss:	
Witness Name:	Address:

SIGNATURES

Signature of Claimant:	Date:
Signature of Organization Representative:	