

Liability Claim Form

JHU Contact Name:

Department:

Address:

Phone:

Date of Incident:

Incident Location:

Person(s) Injured:

Home Address:

Telephone #:

Brief Description of Incident:

Condition of Premises (if applicable to incident):

Weather Conditions (if applicable to incident):

Witness Name(s):

Address:

Telephone #:

Medical Assistance/
Transported By:

Please submit police or security report along with the Liability Claim Form

**Return Completed Form To: JHU Office of Risk Management
3910 Keswick Road, Suite N-4300 Baltimore, MD 21211
Telephone: 443-997-8258 Fax: 443-997-7725**