

COMPLETE THIS SECTION IF THERE WERE ANY BODILY INJURIES

INJURED:

Name: _____ Phone: _____

Address: _____

Injuries: _____

Doctor or Hospital: _____

***Forward any related documents and/or information that may be helpful in resolving this incident to
CRS, Inc.***

Additional Comments: _____

WITNESSES:

1) Name: _____

Address: _____

Phone #: _____

2) Name: _____

Address: _____

Phone #: _____

3) Name: _____

Address: _____

Phone #: _____

4) Name: _____

Address: _____

Phone #: _____

Mail completed form to:
County Risk Services, Inc.
P.O. Box 589
Montgomery, AL 36101-0589
Or email to:
liabilityclaims@countyrisk.org