

*Email Completed Form To riskmgmt@jhu.edu*

## Liability Claim Form

**JH Contact Name:**

**Department:**

**Address:**

**Phone/Email:**

**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:**

If Baltimore Police report or security report were completed, please email to riskmgmt@jhu.edu along with the completed Liability Claim Form