

Email Completed Form To riskmgmt@jhu.edu

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:**

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