



# Texas Association of Counties County Government Risk Management Pool

## General Liability Loss Report

Member:	Control No.:		
Address:	City:	State:	Zip Code:
Contact Person:			
Telephone Number:			
Date of Incident:	Time of Incident:		
Location:			
Description:			

<b>Member Operator:</b>	<b>Department:</b>		
Address:	City:	State:	Zip Code:
Telephone No.:			
Description of vehicle if any:			
<b>Claimant:</b>			
Address:	City:	State:	Zip Code:
Telephone No.:			
Description of vehicle if any:			
<b>Other Information:</b>			

<b>Reported By:</b>	<b>Reported To:</b>	<b>Date:</b>
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