

# Nevada System of Higher Education-NSHE "Potential Liability Incident Report"

**AG's Office use ONLY:**  
Date TC-1 sent \_\_\_\_\_  
Claim # \_\_\_\_\_  
Adjuster \_\_\_\_\_

## INSTRUCTIONS:


The campus should use this form to report potential liability claims against the NSHE/State.

**Original of this "Incident Report" should be sent ASAP to:**

**Claims Manager, Office of the Attorney General**

**100 North Carson Street, Carson City NV 89701-4717**

with a copy faxed to: 775-784-4363 (BCN Risk Mgt.) or 702-895-4690 (BCS Risk Mgt.)

 If an individual wishes to make a formal claim against the University/State, the individual should notify the Office of the Attorney General at TEL: (775) 684-1263. The Attorney General's office will send the appropriate form to the injured/damaged party.

**PLEASE NOTE:** Do not use this form to report injuries to NSHE employees --  
a Workers' Compensation injury report must be filed in those instances.

**Additionally,** please do not use this form for Automobile Accidents which must be reported in form URM-002.

*Please type or print clearly*

Name of Injured/Damaged Party \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Incident \_\_\_\_\_ Time \_\_\_\_\_ A.M.  
P.M.

Location Where Incident Occurred (Include Street Address): \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_ Budget Acct. \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

Please provide a detailed description of what happened and attach all supporting documentation you may have. (Attach additional pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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Form Completed by: \_\_\_\_\_ Date \_\_\_\_\_