

**COUNTY OF LOS ANGELES  
NON-EMPLOYEE INJURY/  
PROPERTY DAMAGE REPORT**

Department:

Division/Facility:

Section:

Prepared for County Counsel in defense of the County, Special Districts and employees.

**INSTRUCTIONS:**

1. All incidents involving injury or property damage to non-employees, however minor, while on County property (owned or leased) must be reported by e-mail to George Hills Company.

New Incidents: [COLANewIncidentClaims@georgehills.com](mailto:COLANewIncidentClaims@georgehills.com)

**FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY PHONE TO GEORGE HILLS COMPANY AT (855) 442-2357.**

**NON-EMPLOYEE INFORMATION:**

1. Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)
2. Address \_\_\_\_\_
3. Age \_\_\_\_\_ 4. Sex  Male  Female
- If minor, give name of parent or guardian \_\_\_\_\_

**TIME AND PLACE:**

5. Place of occurrence \_\_\_\_\_  
(Name of County Facility, Street Number) (City or Town)
6. Location in building \_\_\_\_\_  
(In detail: Bldg., Floor, Room No.)
7. Date of occurrence \_\_\_\_\_ Hour \_\_\_\_\_ AM/PM 8. Weather: \_\_\_\_\_ Clear \_\_\_\_\_ Rain
- POLICE REPORT  Yes  No POLICE AGENCY REPORTING \_\_\_\_\_ STATION \_\_\_\_\_ DEPT. #: \_\_\_\_\_

**DESCRIPTION OF INCIDENT:**

9. What was non-employee doing?  
\_\_\_\_\_
10. What happened? (Describe fully, stating whether injured person fell, was struck, etc.) Give all factors contributing to injury or damage:  
(If necessary, continue on separate sheet)  
\_\_\_\_\_
11. Condition of floor, sidewalk, steps or other physical property or equipment involved: \_\_\_\_\_  
\_\_\_\_\_
12. Was there any defect or foreign substance or object involved? If so, describe: \_\_\_\_\_  
\_\_\_\_\_
13. If slip and fall: Person's shoes \_\_\_\_\_ heels \_\_\_\_\_ caps \_\_\_\_\_  
(Type) (Type) (Type)

**NATURE OF INJURY AND PART OF BODY AFFECTED:**

14. Be specific! State which part of body injured; whether right or left, etc. If exact nature of injury is undetermined, give opinion:  
\_\_\_\_\_  
\_\_\_\_\_

**TREATMENT GIVEN:**

15. Was treatment given to the injured person by County Personnel? \_\_\_\_\_ By whom? \_\_\_\_\_

Type of Treatment: \_\_\_\_\_

16. Was ambulance called? \_\_\_\_\_ Which company \_\_\_\_\_ By whom? \_\_\_\_\_

17. Taken to hospital? \_\_\_\_\_ Which? \_\_\_\_\_

**STATEMENTS BY WITNESSES:**

(Note: Attach additional pages if needed)

18. Statement of injured as to what happened: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Witness No. 1: Name: \_\_\_\_\_

(Last Name)

(First Name)

(Initial)

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

(Number)

(Street)

(City)

Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Witness No. 2: Name: \_\_\_\_\_

(Last Name)

(First Name)

(Initial)

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

(Number)

(Street)

(City)

Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Report Prepared: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone: \_\_\_\_\_

(Print Name)

Dept. \_\_\_\_\_

(Title)

\_\_\_\_\_

(Signature)