

Member Incident/Potential Claim Form

т	For Notification Use Only. o Be Completed by Risk Manager and Sent to ICRMP
	when Tort/Claim <u>HAS NOT</u> been Filed by Claimant.
MEMBER	
NAME:(PLEAS	SE PRINT)
1. Mailing Address:	
2. City/State/Zip:	
3. Risk Manager/Contact	t:
4. Phone:	Email:
5. Fax:	
6. Date of Incident:	Department Involved:
7. Who reported the inci	dent to you?
8. Time of Incident:	a.m./p.m. (circle one)
9. DESCRIBE IN DETAIL	WHAT DAMAGE OR INJURY OCCURRED: (Attach additional documentation if necessary)
Employee(s) / Persons I	nvolved:
If this incident could have	been avoided describe how:
Signature:	Date:
	er 13: 41-1331-Any person who knowingly, and with intent to defraud or deceive any insurance company, files a

Per Idaho Statute Title 41, Chapter 13: 41-1331-Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony. "Statement" includes, but is not limited to, any notice, statement, proof of loss, bill of lading, receipt for payment, invoice, account, estimate of property damages, bill for services, diagnosis, prescription, hospital or doctor records, x-ray test results, or other evidence of loss, injury, or expense.