

**PRELIMINARY SUMMARY REPORT
POSSIBLE CLAIM UNDER TEXAS TORT CLAIMS ACT
(CHAPTER 101, TEXAS CIVIL PRACTICE AND REMEDIES CODE)**

Distribution: This form should be submitted to UT Austin's Office of Risk Management in MAI 132 (mail code K5300) or via email at oa.riskmgt@austin.utexas.edu within three (3) days of the reported incident. Please indicate if a UT vehicle was involved.

1. U.T. Institution: _____ Report Number: _____

2. Date of incident causing possible claim: _____ Time: _____

3. Name and address of possible claimants: _____

4. Names and addresses of all known witnesses: _____

5. If university motor vehicle involved, attach a copy of Accord Form No. 2 prepared for insurance company and list:

a. Make and number of vehicle: _____

b. Name of driver: _____

c. Location of incident: _____

d. Extent of personal injuries to driver and passengers: _____

e. Extent of property damage: _____

f. Was traffic citation issued? ___ Yes ___ No If yes, to whom and for what violation? _____

g. Has insurance carrier been notified? ___ Yes ___ No

6. Describe the incident. Indicate equipment involved and its condition; identify premises (real or personal property) condition or use involved. For example, if incident involved a "slip and fall," describe the condition of the floor. Attach additional material as needed. _____

7. Has possible claimant or representative indicated intention to proceed with legal action? ___ Yes ___ No

If yes, explain briefly: _____

8. Name of attorney, if known: _____

Reported by: _____ Department of Institution: _____ Date/Time: _____