



BUILDERS RISK INCIDENT REPORT FORM

OWNER CONTROLLED INSURANCE PROGRAM (OCIP)

PERSON REPORTING INCIDENT

First Name : Last Name :

Email Address : Phone Number :

Job Title/ Position :

Project/Site Location :

INCIDENT INFORMATION

Type of Incident : Fire ☐ Theft ☐ Vandalism ☐ Property Damage ☐ Employee Injury ☐

Third Party Injury ☐ Other (briefly describe) :

Location of Incident (Address) :

Date of Incident : Time of Incident :

Did the incident occur on LAUSD Property? Yes ☐ No ☐

Were any third parties involved in this incident? Yes ☐ No ☐

If applicable, list the information of the third parties involved in the incident:

Name	Email	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Description of Incident :

Include pictures, police reports, repair/cost estimates, and other relevant documents that are regarding this incident report (attach via email). **Yes, I have included all relevant documents** ☐

Email completed form to: ocip@lausd.net