

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

1. U.T. Institution The University of Texas at Austin Report No. \_\_\_\_\_

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. Insurance carrier has been notified: \_\_\_ yes \_\_\_ no

6. Describe 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 \_\_\_\_\_ Date/Time \_\_\_\_\_

Department of Institution \_\_\_\_\_

**Distribution:** This form should be forwarded to the Office of Vice President and Chief Financial Officer, Main 102, within three (3) days of the reported incident. If a University vehicle is involved, please forward this form to the Office of the Controller, Main 120.