

Attorney Workpapers

PRELIMINARY SUMMARY REPORT

POSSIBLE CLAIM UNDER TEXAS TORT CLAIMS ACT

(Chapter 101, *Texas Civil Practice and Remedies Code*)

1. U. T. Institution _____ 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.

8. Name of attorney, if known _____

Reported by _____ Date _____

Department of Institution _____

Distribution: Original to Litigation Manager, Office of General Counsel, The University of Texas System; Copy to Executive Vice Chancellor for Business Affairs.

TTCA No. 1