

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.

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7. Has possible claimant or representative indicated intention to proceed with legal action? \_\_\_yes \_\_\_no If yes, explain.

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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