

UNIVERSITY OF VIRGINIA
Office of Property & Liability Risk Management
Incident Report Form

Complete this form to report any non-auto related incident resulting in potential bodily injury or property damage, loss or theft. Incident Report Forms are available at www.virginia.edu/riskmanagement. Please call 434-924-3055 if you have questions. Send the completed form within 24 hours to Property & Liability Risk Management by:

EMAIL	FACSIMILE	Messenger Mail or USPS	COURIER
orm-frm@virginia.edu	434-982-2635	Office of Property & Liability Risk Management PO BOX 400205 Charlottesville, VA 22904-4205	1001 Emmet St. N Suite 277

GENERAL INCIDENT INFORMATION

DATE OF INCIDENT:	TIME: AM <input type="checkbox"/> PM <input type="checkbox"/>	SPECIFIC LOCATION OF INCIDENT (street, building, room, etc.):	
DESCRIPTION OF INCIDENT: Explain in detail the manner in which the incident or loss occurred. Please state the conditions present at the time of loss (e.g. weather, construction, cleaning.) Use additional pages, if more space is needed.			
WERE UVA POLICE NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE NOTIFIED:	IF YES RESPONDING OFFICER'S NAME:	
WERE THERE ANY WITNESSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE FOLLOWING:			
NAME:	PHONE NUMBER:	EMAIL:	ADDRESS:
NAME:	PHONE NUMBER:	EMAIL:	ADDRESS:

BODILY INJURY AND NON UNIVERSITY OWNED PROPERTY DAMAGE INFORMATION

NAME OF INJURED PERSON:	PHONE NUMBER:	EMAIL:	ADDRESS:
NATURE OF THE INJURY:			

IS THE INJURED PARTY AN EMPLOYEE OF THE UNIVERSITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, HAS HR WORKERS' COMPENSATION BEEN NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, WHY WAS THE INJURED PARTY AT THE UNIVERSITY?			
WAS MEDICAL TREATMENT ADMINISTERED FOR THE INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, BY WHOM:			
INDIVIDUAL/ORGANIZATION NAME:	PHONE NUMBER:	EMAIL:	ADDRESS:
INDIVIDUAL/ORGANIZATION NAME:	PHONE NUMBER:	EMAIL:	ADDRESS:
WAS THERE DAMAGE TO NON UNIVERSITY OWNED PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE PROVIDE THE FOLLOWING:			
OWNER'S NAME:	PHONE NUMBER:	EMAIL:	DESCRIPTION OF DAMAGE:

UNIVERSITY OWNED PROPERTY DAMAGE

<p>For University property damage/theft cases you must also attach the Damaged Property Spreadsheet (tab 2 Property Claim Packet Workbook) with columns 1 & 2 completed listing the items damaged/stolen and a quick guesstimate of the repair/replacement cost. Also refer to the Property Claim Packet for instructions and forms to settle your property claim. The Property Claim Packet is available at https://riskmanagement.virginia.edu/sites/riskmanagement.virginia.edu/files/PropertyClaimPacket.pdf or by calling 924-3055.</p> <p>NOTE: When repairing or replacing items approved for payment by insurance, remember to follow State and University procurement guidelines. University departments pay a \$1,000 deductible for property losses (pro-rata deductible on multi-department claims).</p>
<p>Have you attached the Damaged Property Spreadsheet with columns 1 & 2 completed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>If no, please explain:</p>
<p>PROVIDE PRELIMINARY PLANS FOR RECOVERY AND RELOCATION (if applicable):</p>

DEPARTMENT CONTACT INFORMATION

REPORTED BY:	TITLE:	DEPARTMENT:	DATE:
PHONE NUMBER:	EMAIL:	MESSENGER MAIL ADDRESS:	