

**University of Virginia
Department of Risk Management
Incident Report Form**

Print and complete this form to report any non-auto related incident resulting in potential bodily injury, property damage, and/or loss or theft of state or University property.* **Send the completed form within 48 hours of the incident to Risk Management either by Messenger Mail, facsimile, or U.S. Mail.** Please contact Barbara Palmore at 434-924-3055 or bbp@virginia.edu if you have questions about this form.

Via Messenger Mail
Department of Risk Management
Carruthers Hall

Facsimile
434-982-2635

Via U.S. Mail
P. O. Box 400205
Charlottesville, VA
22904

Time and date of incident: _____

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 necessary.

For potential bodily injury cases, give the name, address, and phone numbers of the injured party:

Briefly describe the nature of the injury:

Was medical treatment administered for the injury? Yes No
If so, what individual or organization provided medical treatment?

Is the injured party an employee of the University? Yes No
If "Yes," has the Workers' Compensation Unit in Human Resources been notified?
 Yes No
If "No," why was the injured party at the University?

Were there any witnesses to the injury? Yes No
If "Yes," provide their names, addresses and phone numbers. Please use the back of this sheet or attach additional pages if necessary.

If the loss is structural in nature or involves equipment, include a list of the items damaged or destroyed, an **estimate** of the replacement cost, and a University asset number if applicable. Please use back of this sheet or attach a separate listing if necessary.

Were University of Virginia police, notified? Yes No
If so, provide the date police were notified:

Person Reporting Incident _____

Title _____

Department _____

Messenger Mail Address _____

Phone No. _____

E-mail Address _____

Signature _____

Date _____

* 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.