



UNIVERSITY OF
SAN FRANCISCO

For Internal Use Only
University of San Francisco
Office of Business and Finance – Risk Management

PROPERTY DAMAGE REPORT AND/OR BODILY INJURY REPORT
(DO NOT USE FOR VEHICLE ACCIDENTS OR FOR WORK RELATED ACCIDENTS)
TO BE FILLED OUT BY A UNIVERSITY EMPLOYEE OR AGENT ONLY

INDICATE WHETHER THIS IS A REPORT OF AN ACCIDENT, INCIDENT, OR BOTH: <input type="checkbox"/> ACCIDENT (bodily injury and/or third party damage) <input type="checkbox"/> INCIDENT (threat or utterance of intent to take legal action against the University and/or Employee)		DATE OF REPORT:	DATE OF OCCURRENCE:
TIME OF OCCURRENCE: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	PLACE OF OCCURRENCE (bldg, room No., street address or describe University Property)		
FULL NAME OF INJURED OR AGGRIEVED PERSON:	TELEPHONE:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE: (actual or apparent)
ADDRESS (if student give campus address):		STATUS: <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Employee (if work related do not use this form)	
DESCRIBE DETAILS OF THE OCCURRENCE, INCLUDING HOW YOU OBTAINED THE INFORMATION. ATTACH ANY CORRESPONDENCE, POLICE REPORTS, OR ANY OTHER INFORMATION AVAILABLE WHICH MIGHT ASSIST IN THE INVESTIGATION OF THIS OCCURRENCE.			
A. FOR BODILY INJURY CLAIMS, PLEASE DESCRIBE FULLY THE SPECIFIC PART OF THE BODY INJURED AND NATURE OF THE INJURY			
B. FOR PROPERTY DAMAGE CLAIMS TO OTHERS, PLEASE AN ESTIMATE COST TO REPAIR OR REPLACE THE PROPERTY.			

NAME AND ADDRESS OF WITNESSES:		TELEPHONE:
NAME AND ADDRESS OF WITNESSES:		TELEPHONE:
NAME AND ADDRESS OF WITNESSES:		TELEPHONE:
POLICE CONTACTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF POLICE WERE CONTACTED, WHICH POLICE DEPARTMENT RESPONDED? PROVIDE THE POLICE REPORT NUMBER: (if available, police report must accompany this form)	
DESCRIBE ANY ACT OR CONDITION THAT MAY HAVE CONTRIBUTED TO THE OCCURRENCE.		
IF ACT OR CONDITION CAUSED THIS OCCURRENCE, WERE APPROPRIATE DEPARTMENTS CONTACTED AND ACTION TAKEN TO PREVENT RECURRENCE. <input type="checkbox"/> YES <input type="checkbox"/> NO		
DEPARTMENT(S) CONTACTED: _____		
PERSON CONTACTED IN DEPARTMENT: _____		
TELEPHONE OF CONTACTED INDIVIDUAL: _____		
WHAT CORRECTIVE ACTION WAS TAKEN:		
FORM COMPLETED BY:	TELEPHONE:	EMAIL:

ONCE COMPLETED, THIS FORM NEEDS TO BE SUBMITTED TO RISK MANAGEMENT

MELISSA DIAZ
2130 FULTON STREET – LMN 3rd FLOOR
SAN FRANCISCO, CA 94117
Tel: (415) 422-5899
Email: mddiaz2@usfca.edu

January 2020