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University of California, San Francisco
GENERAL LIABILITY INCIDENT REPORT

Use this form to collect and document [in its entirety] details of the incident. ALL incidents regardless of the extent of property damage/personal injury will be reported within 24-hours to UCSF Risk Management and Insurance Services (RMIS).

SECTION I: CLAIMANT INFORMATION

Claimant Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ - _____

Property Damage/Personal Injury:

SECTION II: INCIDENT INFORMATION

Date Incident Occurred: _____ Time: _____ Date Reported to UCSF: _____

Describe the Incident in Detail:

Police Authority Notified: Yes No

If Yes, Police Dept. Name/Report#: _____

SECTION III: UC DRIVER INFORMATION and/or UC BUILDING LOCATION

UC Driver's Name: _____

Vehicle Make/Model/Year: _____

Driver's License #: _____ Work Phone: _____

Department: _____ Job Title: _____

Describe the Incident in Detail:

UC Property Location:

Department: _____ Address: _____

San Francisco, CA 94143

Room: _____ Phone Number: _____

Describe the Incident in Detail:

Witness Information:

	Name	Address (Street, City, Zip Code)	Phone Number	UC Affiliated? If Yes, Employee or Student?
1				
2				

(Use other side of sheet if more space is needed.)

Attach PHOTOS (if available), Additional information, etc. to this report