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University of California, San Francisco  
PROPERTY DAMAGE INCIDENT REPORT

Use this form to collect and document information and details of the property damage incident. Departments MUST report ALL incidents regardless of the extent of damage to the property within 24-hours to UCSF Risk Management and Insurance Services (RMIS).

SECTION I: INCIDENT INFORMATION

Date Incident Occurred: \_\_\_\_\_ Time: \_\_\_\_\_ Date Reported to UCSF: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Describe the Incident in Detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Incident: \_\_\_\_\_

Police Authority Notified  Yes  No Police Dept./Report#: \_\_\_\_\_

SECTION II: PROPERTY INFORMATION

Property Description/ID: \_\_\_\_\_

Property #: \_\_\_\_\_ Serial#: \_\_\_\_\_

Estimated Value \$: \_\_\_\_\_

SECTION III: REQUEST FOR FUNDING

Action Requested:  REPAIR  REPLACEMENT

Estimated Cost \$: \_\_\_\_\_

Department Name: \_\_\_\_\_

Fund: \_\_\_\_\_ DPA: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Approved by \*: \_\_\_\_\_

\*Signature certifies property has been verified for coverage under the Property Program

Attach PHOTOS (if available), Additional information, etc. to this report  
Keep a copy of this form for your records, and advise your Supervisor/Department of the incident.  
Form RM 3-2010 Prop