

**UNIVERSITY OF ILLINOIS
PROPERTY DAMAGE/PUBLIC INJURY REPORT**

PUBLIC _____ STUDENT _____ EMPLOYEE _____

TYPE OR PRINT CLEARLY IN INK

NAME _____ SSN _____
STREET _____ PHONE (____) _____
CITY _____ STATE _____ ZIP CODE _____
DATE OF BIRTH _____ JOB TITLE _____ DEPT _____

INJURY/PROPERTY DAMAGE

DATE _____ TIME _____ AM ___ PM ___

EXACT LOCATION OF ACCIDENT _____

PROPERTY OWNER _____
STREET _____ PHONE (____) _____
CITY _____ STATE _____ ZIP CODE _____

DESCRIPTION OF ACCIDENT/DAMAGE _____

WERE POLICE NOTIFIED? YES _____ NO _____

REPORTED BY _____
DATE REPORTED _____ DEPARTMENT _____
PHONE (____) _____

WITNESSES

NAME _____ PHONE (____) _____
STREET _____
CITY _____ STATE _____ ZIP CODE _____

NAME _____ PHONE (____) _____
STREET _____
CITY _____ STATE _____ ZIP CODE _____

If there are any questions, please call Office of Claims Management at (217) 333-1080

SEND ORIGINAL TO: Office of Claims Management, 100 Trade Centre Drive, Suite 103, Champaign, IL 61820 MC-686
Send one Copy each to: Office of Campus Risk Management, 1110 W. Springfield, Urbana, IL 61801 MC-240
Safety & Compliance, PPS Bldg, 101 S. Oak St., Champaign, IL 61820 MC-800

RETAIN A COPY FOR YOUR DEPARTMENTAL RECORDS