

University of California, Davis

Incident Report (Internal Use Only)

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

RISK MANAGEMENT SERVICES



SANTA BARBARA • SANTA CRUZ

Direct completed forms to UC Davis Risk Management Services within 48 hours.

Attach any photos or diagrams.

One Shields Ave.
Davis, California 95616
Phone No: (530) 752-2629
Fax No: (530) 752-3439

CONFIDENTIAL-ATTORNEY/CLIENT PRIVILEGED DOCUMENT

This is a CONFIDENTIAL report to provide information for use by legal counsel in the event a claim is filed against the Regents of the University of California or its employees. Under no circumstances should information be given to anyone except authorized University officials.

Date/Time/Location of Incident:

Incident/Claim #:

Date: _____ Time: _____ ☐ AM ☐ PM Location: _____
Please Include: Address/City/County/Intersection/Etc.

Injured Party's Information:

Name: _____ Home Ph. #: _____ Wk Ph.#: _____

Address: _____ Street _____ City _____ State _____ Zip _____ DOB: _____

Drivers Lic. #: _____ Employer: _____

Occupation _____

Injury:

Nature & Extent of Injury: _____

First Aid Given? ☐ Yes ☐ No If Yes, By Whom? _____

Where was Injured taken after Accident: _____ Name of Doctor: _____

Property Damage:

List Property Damaged: _____

Owner: _____ Address: _____ Phone #: _____
(If Other than Claimant) Street City State Zip

How was Damaged Caused: _____

If Vehicle: Year: _____ Make: _____ Model: _____ Vehicle License #: _____

Photographs Taken? ☐ Yes ☐ No If Yes, By Whom? _____

Witnesses:

Name: _____ Phone #: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Name: _____ Phone #: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Name: _____ Phone #: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Description:

Reporting Department's Information:

Department Name: _____ Dept. Code #: _____

Contact Name: _____ Title: _____

Address: _____ Phone #: _____
 Street City State Zip

Reporting Employees Supervisor Name: _____ Title: _____

Phone #: _____

Reporting Employees Signature: _____ Date: _____