

## 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:
- 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.

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