

UCSC LIABILITY LOSS REPORT

Report all incidents telephonically within 24 hours: Call 1-800-416-4029 – available 24 hours every day.

Choose option “1” for University of California.

Use this *UCSC Liability Loss Report* to collect detailed information about the loss. Do not forward this report to Risk Services. Risk Services will receive electronic notification once the claim has been telephonically reported.

INCIDENT INFORMATION

Date of Accident or Incident	Time of Accident or Incident		
Location of Accident or Incident – Street		City	State

Description of Accident *attach additional sheet if needed*

Police Report Number, if applicable	Police Reporting Agency, if applicable		
Has there been a prior report to the University of California? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, date when reported to UCSC employee	
If yes, name of employee taking report		Phone number of employee taking report	

CLAIMANT INFORMATION *The claimant is the person seeking recovery from the university.*

Name of Claimant		
Address		
Home Phone	Work Phone	Cell Phone

INJURY TO PERSON

Is the claimant the same as the person injured? <input type="checkbox"/> YES <input type="checkbox"/> NO	If <i>No</i> , provide injured person's name.	
Injured Person's Address		
Home Phone	Work Phone	Cell Phone

Describe injuries received as a result of the accident.

Describe medical care received for the injury.

Dates when medical care was received, if known.

DAMAGE TO PROPERTY

Is the claimant the owner of the damaged property? <input type="checkbox"/> YES <input type="checkbox"/> NO	If <i>No</i> , provide property owner's name.	
Property Owner's Address		
Home Phone	Work Phone	Cell Phone

What property was damaged?

Describe the damage to the property.

WITNESS INFORMATION

Name	Address	Phone Numbers		
		Home	Work	Cell

Name of Person Completing this Report	Phone Number
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