

University of California, Davis
Incident Report (Internal Use Only)



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

SANTA BARBARA • SANTA CRUZ

RISK MANAGEMENT SERVICES

Direct completed forms to UC Davis Risk Management Services within 48 hours.
 Attach any photos or diagrams.

One Shields Ave.
 Davis, California 95616
 Email: rms@ucdavis.edu
 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 _____

