

# INCIDENT/LOSS REPORT

## YALE UNIVERSITY RISK MANAGEMENT

1. This form should be completed by **University Personnel** to report incidents relating to Property loss, Automobile incidents or Bodily injuries to visitors, students, staff or faculty which occur on Yale property. *(excludes workman's comp.)*  
Please provide documentation of Yale ownership for all property loss claims.
2. Keep a copy for your records, and submit a completed form to Risk Management, 2 Whitney, or by fax (432-7520).

### GENERAL INFORMATION

Today's Date	Date & Time of Loss	Reported By:	Phone:	Fax:
Supervisor/Contact Name:			Phone:	Fax:
Business Manager Name:			Phone:	Fax:

### PROPERTY DAMAGE

Water	Fire/Smoke	Theft/Burglary	Other/Explain		
Loss Location: Department		Building:	Room No.	Approx. dollar value \$	
Description of what happened, property loss and/or any action taken: <i>Attach additional pages if needed</i>					
Reported to Yale police?		Yes	No	Environmental Health & Safety?	
Was Fire Marshall Notified?		Yes	No	Physical Plant/Facilities?	
				Yes	No
				Yes	No

### AUTO DAMAGE

AUPD <i>(damage to Yale vehicle only)</i>	Auto Make:	Model:	Year:
ALPD <i>(damage to non-Yale vehicle)</i>	Auto Make:	Model:	Year:
Description of what happened and/or any action taken: <i>Please attach police report</i>			
Reported to Yale police?		Yes	No
			Case No.

### BODILY INJURY

Visitor	Student	Other/Explain			
Description of what happened and/or any action taken:					
First Name: <i>Please print clearly</i>			Last Name:		Male
					Female
Address: <i>Number, Street, City, State, Zip</i>					
Phone:					
Reported to Yale police?		Yes	No	Case No.	

For use by Risk Management:  
PTAEO:

Envision #

Logged Date: