

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? YES 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? YES NO

If *No*, 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? YES NO

If *No*, 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