## UNIVERSITY OF ILLINOIS PROPERTY DAMAGE REPORT – UIUC / UIS

PLEASE TYPE, OR PRINT CLEARLY USING INK – <u>ALL FIELDS</u> MUST BE COMPLETED TO INITIATE INVESTIGATION PROCESS

DATE OF OCCURRENCE TIME		P.M. <b>□</b>	DAMAGE ESTIMATE \$ **attach copy - 2 requ	
PLACE OF OCCURRENC	E			
PROPERTY OWNER				
ADDRESSCITY		STATE_		ZIP
PROPERTY OWNER IS	<b>A</b> STUDENT □	VISITOR <b></b>	EMPLOYEE <b>□</b>	
NAME			SSN/UIN	
STREET		СТАТ	PHONE () EZI	
DATE OF BIRTH (required)	IOR TIT	SIAI IF	EZI DEPT_	۲
DESCRIBE OCCURRENC	JE (attach photo	ographs of d	amages)	
	·			()
ADDRESSCITY				ZIP
C		JIAIL		EII
WERE POLICE NOTIFIE	D? YES □ NO	■ ATTACH	COPY - REPORT#	
DEPARTMENT CONTACTED_ PHONE NUMBER/DEPARTME	NT LOCATION (IF KI	NOWN)	DATE REPORTED	
This form should be complete report an incident.	ed by the property (	owner but may b	e completed by the facility repre	esentative that v

Please indicate if you (the property owner) would like to be contacted by a representative

NO

from The Office Claims Management. Yes

## RESOURCE INFORMATION

The University of Illinois General Liability Policy may be found at: <a href="https://www.treasury.uillinois.edu/risk\_management/liability/">https://www.treasury.uillinois.edu/risk\_management/liability/</a> Please visit the website for additional information and other helpful links.

NAME	SS INFORMATION:	PHONE (
ADDRESS		FHONL ()
CITY	STATE	ZIP
449 He	DORIGINALTO: Office of Worker's Comenry Administration Bldg. 506 S. Wrigh (217) 333-1080 • Fax (217) 244-5152 • VETAIN A COPY FOR YOUR DEPARTMENTA	nt St. MC-300 Urbana, IL 61801 workcomp@uillinois.edu
dditional Information y	you would like to provide in considera	tion of your claim:
IAME OF INDIVIDUAL CO	MPLETING THIS REPORT	
AME OF INDIVIDUAL CO	MPLETING THIS REPORT	OFFICE PHONE
	DEPT	