

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

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

**DATE OF OCCURRENCE** \_\_\_\_\_  
**TIME** \_\_\_\_\_ A.M. ☐ P.M. ☐

**DAMAGE ESTIMATE \$** \_\_\_\_\_  
\*\*attach copy – 2 required\*\*

**TYPE OF LOSS** \_\_\_\_\_

**PLACE OF OCCURRENCE**

PROPERTY OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PROPERTY OWNER IS A** STUDENT ☐ VISITOR ☐ EMPLOYEE ☐

NAME \_\_\_\_\_ SSN/UIIN \_\_\_\_\_  
STREET \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DATE OF BIRTH (required) \_\_\_\_\_ JOB TITLE \_\_\_\_\_ DEPT \_\_\_\_\_

**DESCRIBE OCCURRENCE (attach photographs of damages)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESS INFORMATION** (USE REVERSE IF MORE THAN ONE WITNESS)

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**WERE POLICE NOTIFIED?** YES ☐ NO ☐ ATTACH COPY - REPORT #

DEPARTMENT CONTACTED \_\_\_\_\_ DATE REPORTED \_\_\_\_\_  
PHONE NUMBER/DEPARTMENT LOCATION (IF KNOWN) \_\_\_\_\_

*This form should be completed by the property owner but may be completed by the facility representative that wishes to report an incident.*

**Please indicate if you (the property owner) would like to be contacted by a representative from The Office Claims Management. Yes ☐ NO ☐**

RESOURCE INFORMATION

The University of Illinois General Liability Policy may be found at:  
[https://www.treasury.uillinois.edu/risk\\_management/general\\_liability/](https://www.treasury.uillinois.edu/risk_management/general_liability/)  
Please visit the website for additional information and other helpful links.

**ADDITIONAL WITNESS INFORMATION:**

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SEND ORIGINAL TO: Office of Worker's Compensation and Claims Management**  
**100 Trade Centre, Suite 103, MC-686, Champaign, IL 61820**  
**(217) 333-1080 • Fax (217) 244-5152 • [workcomp@uillinois.edu](mailto:workcomp@uillinois.edu)**  
**RETAIN A COPY FOR YOUR DEPARTMENTAL OR PERSONAL RECORDS**

Additional Information you would like to provide in consideration of your claim:

NAME OF INDIVIDUAL COMPLETING THIS REPORT \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ DEPT \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_  
(IF APPLICABLE) (IF APPLICABLE) (IF APPLICABLE)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_