

# Property Damage Report



**Name of Employee Completing This Report**

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Department: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Campus Location**

Campus: \_\_\_\_\_ Building: \_\_\_\_\_ Room: \_\_\_\_\_

**Damage Information**

Date of Damage: \_\_\_\_\_ Time: \_\_\_\_\_

**Personal Injury**

Was there any personal injury involved with this accident? List name, address, and phone number for this individual(s).

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Describe the nature and extent of property damage being reported.** If vehicle, give full description, i.e., make, model, license #, and color.

**Describe the activity being performed when the property damage occurred.**

**What object/substance directly contributed to the damage?**

**How could this incident have been prevented?**

**WITNESS INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Employee Signature**

\_\_\_\_\_  
Signature Date

*Please submit completed form to Risk Management, located in Building 155, Room B106. Inquiries may be directed to Risk Management at 254-526-1347 or 1-800-492-3348 ext. 1347.*