

University of California, Irvine Property Damage/Loss Report

Date of incident: _____ **Time:** _____ **Location:** _____

Name: _____ **Phone #:** (____) _____ - _____

Address: _____

Describe the incident that caused the Damage/Loss:

Describe what was damaged or destroyed:

If needed, please use the back of this form to record additional information.

Details:

Police responded? Y N If so: Officer's name: _____ badge #: _____

Officer's department: _____ Phone #: (____) _____ - _____

Case # _____

Witness information:

Name: _____ Address: _____

Phone #: (____) _____ - _____

Name: _____ Address: _____

Phone #: (____) _____ - _____

UCI employee most familiar with incident:

Name: _____ Department: _____

Phone #: (____) _____ - _____

Report completed by:

Name: _____ Title: _____

(Please print)

Department: _____ Phone #: (____) _____ - _____

Signature: _____ Date completed: _____

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