

UNIVERSITY OF IOWA-INCIDENT INFORMATION FORM

Date of Loss _____

Time _____ Location of Incident _____

Names of All Party(ies) Involved: _____

Special Event? _____ Notified?: Police _____ UI Public Safety _____

Description of Incident and Action Taken:

(Attach additional information, official reports and photos, if available).

Injury Information:

Type and Extent of Injury Known: _____

Name of Injured Party: _____ Phone: _____

Address: _____ City/State: _____

Name/Address of Attorney: _____

Damage To Other's Property:

Description of Property and Damage (Age/Make/Model/Cost of Repairs)
(Attach additional information if available.) _____

Name of Owner: _____ Phone: _____

Address: _____ City/State _____

Witnesses:

Name: _____ Phone: _____

Address: _____ City/State: _____

Name: _____ Phone: _____

Address: _____ City/State: _____

Reported By: _____ Date: _____

Contact Person: _____ Phone: _____

(Use this form to report incidents affecting members of the general public, students or others while on campus which you believe could reasonably result in a claim against the University. Do not use for UIHC incidents, auto accidents or workers compensation claims.)

Send this report to:

Risk Management, Insurance & Loss Prevention
305 Plaza Centre One
The University of Iowa
Iowa City, IA 52242
Telephone: (319) 335-0010