



# University of Toronto

BUSINESS AFFAIRS DIVISION - Risk Management and Insurance Department

## Property Damage Incident Report

(Complete this report in block letters please)

Name of department/division: \_\_\_\_\_

Name & title of individual completing this report: \_\_\_\_\_

Contact information: Phone (       )

E-mail: \_\_\_\_\_

**Incident information:** Date (d/m/y): \_\_\_\_\_

Time: \_\_\_\_\_

am/pm

Location of incident: Building \_\_\_\_\_

Room # \_\_\_\_\_

Address: \_\_\_\_\_

Estimate of loss: \$ \_\_\_\_\_

Description of property: \_\_\_\_\_

Description of damage: \_\_\_\_\_

Is this University of Toronto property:  Yes     No

If not, please provide details of ownership: \_\_\_\_\_

**Witness information:** Name: \_\_\_\_\_

F

M

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Student at University

Employee of University

Visitor

.../2

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Property Damage Incident Report (cont'd)

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**Police Investigation:**

Who called UofT Campus Police  or Toronto Police  to the scene?

Officer's name: \_\_\_\_\_

Badge number: \_\_\_\_\_

Occurrence/Incident report number: \_\_\_\_\_

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**Additional information about the incident:**

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**Signature**

**Date**

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***Complete this form and send to Risk Management and Insurance Department***