

**UNIVERSITY OF ILLINOIS
PUBLIC INJURY/PROPERTY DAMAGE REPORT**

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

WHY ARE YOU MAKING THIS REPORT?

PROPERTY DAMAGE

BODILY INJURY

WHEN DID THIS HAPPEN?

DATE OF INCIDENT _____

TIME _____ A.M. P.M.

WHERE DID THIS HAPPEN?

WHERE EXACTLY DID THIS OCCUR? _____

PROPERTY OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WHO ARE YOU?

GENERAL PUBLIC

STUDENT

VISITOR

EMPLOYEE

(Complete Workers' Compensation form)

IMPORTANT: Senate Bill 2499 requires you answer affirmatively if you are **MEDICARE ELIGIBLE** or **CURRENTLY A MEDICARE BENEFICIARY**

NAME _____ SSN/UIN _____

STREET _____ PHONE (____) _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH (required) _____ JOB TITLE _____ DEPT _____

WHAT EXACTLY HAPPENED?

DESCRIPTION OF ACCIDENT/DAMAGE/INJURY _____

WHO WITNESSED THIS INCIDENT? (USE REVERSE IF MORE THAN ONE WITNESS)

NAME _____ PHONE (____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WERE POLICE NOTIFIED? YES NO

REPORTED BY _____

DEPARTMENT CONTACTED _____ DATE REPORTED _____

PHONE NUMBER/DEPARTMENT LOCATION (IF KNOWN) _____

NAME OF INDIVIDUAL COMPLETING THIS REPORT _____

JOB TITLE _____ DEPT _____ OFFICE PHONE _____

(IF APPLICABLE)

(IF APPLICABLE)

(IF APPLICABLE)

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

RETAIN A COPY FOR YOUR DEPARTMENTAL OR PERSONAL RECORDS