

University of California Property/Casualty Loss Report

Fill in all non-shaded areas.

Campus: <u>DAVIS</u>	Date: _____	Adm. Code: _____			
Funding source(s):	<input type="checkbox"/> BUS-1	<input type="checkbox"/> BUS-9	<input type="checkbox"/> BUS-28A/29A	<input type="checkbox"/> BUS-28B*	<input type="checkbox"/> BUS-28C
	<input type="checkbox"/> BLDR RISK	<input type="checkbox"/> BUS-69	<input type="checkbox"/> BUS-73	<input type="checkbox"/> BUS-75 __AL __GL	<input type="checkbox"/> 3-D

Section I. Property Loss (University Property Only)

Information Only

1. Date of Loss _____ Time _____ Location _____
2. Property Description _____
- 2.1. Make/Model/Year _____ UC ID # _____ License # _____
No. of Vehicles _____ No. of Injured Parties _____ No. of Witnesses _____
- 2.2. Property # _____ Serial # _____ Est. Value \$ _____
3. Cause of Loss/Damage:

Police Report No. _____
4. Title of Property: Regents State/Federal Govt Other
If loss involves UC vehicle, check one:
Fleet Services Assigned to Department Department Owned Leased/Other
5. Driver Name _____ License # _____ Department _____
Fault: UC Driver Other Driver Not Determined (explain) _____
6. Department Name and Account # _____
Check if Auxiliary Enterprise
7. Use of Vehicle: Authorized Not Authorized (explain):
8. Loss/Damage Reported by: Title: _____
9. Action Requested: Repair Replacement Estimated Cost \$ _____

10. Gross Loss \$ _____ Deductible \$ _____ Amount to Fund \$ _____
11. <input type="checkbox"/> Request Approved <input type="checkbox"/> Request Not Approved <input type="checkbox"/> Approval Required
12. Documents Attached: <input type="checkbox"/> Photographs <input type="checkbox"/> Repair Invoice <input type="checkbox"/> Police Report <input type="checkbox"/> Diagrams <input type="checkbox"/> Salvage Statement <input type="checkbox"/> Subrogation Results <input type="checkbox"/> Other
13. Additional Comments: _____ _____ _____ Prepared by: _____ Submitted by: _____ Campus Risk Manager/Project Manager/Designee

*Signature certifies that property qualifies for Coverage B.

Distribution: Original to Office of the President--Risk Management; Campus retains copy
Retention: Risk Management - 5 years after settlement; Other Copies - 1-2 years after settlement

Funding Source: _____ BUS-75 _____ AL _____ GL _____

Section II. Auto/General Liability Loss (Non-UC Loss)

Information Only

1. Date of Loss _____ Time _____ Location _____

No. of Vehicles _____ No. of Injured Parties _____ No. of Witnesses _____

Cause Code/Description _____

2. Cause of Loss/Damage _____

2.1 Describe Injury _____

2.2 Describe Property Damaged (Use additional sheet if necessary):

Other Insurance? Yes No If yes, Name and Policy No. _____

Where may property be seen? _____

Serial # _____ Est. value \$ _____ Repair Cost \$ _____ Repl. Cost \$ _____

Driver/responsible party _____

(Name, Address, Phone, License #)

Registered Owner _____

(Name, Address, Phone)

Make/Model/Year _____ Vehicle License # _____

3. Injured Party/s (Circle E or S if UC Employee or Student)

[E/S] 1. _____

[E/S] 2. _____

(Name, Address, Phone, Age, Injury Code/Description)

4. Uninjured Party/s and Witness/es (Circle U or W, if apply)

[U/W] 1. _____

[U/W] 2. _____

(Name, Address, Phone)

5. Attorney/s

1. _____

2. _____

(Name, Address, Phone)

6. Documents Attached:

Photographs Repair Invoice Police Report Diagrams

Salvage Statement Subrogation Results Other

Submitted by: _____

Campus Risk Manager/Project Manager/Designee