UVM POLICIES, PROCEDURES, & GUIDELINES DEPARTMENT of RISK MANAGEMENT Incident Report

(use this form to report non-employee injuries and property damage)
Please be as accurate as possible. We encourage reporting of all incidents

D ate:	Time of accident:

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UVM POLICIES, PROCEDURES, & GUIDELINES DEPARTMENT of RISK MANAGEMENT Incident Report

COMPLETE THIS SECTION IF THERE WAS DAMAGE

Property Damage (including damage to another's vehicle):				
Type of property:				
Location of property:				
Property owner's Name:				
Street Address:				
City	State	Phone #:		

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