

Must submit completed form to the Office of Safety within 24-hours of incident.

Please fill in ALL fields. If a field doesn't apply, please type in 'N/A'.

Type of Incident: Personal Property University Property State Fleet / Lease**
 Be sure to submit the [Risk Management Fund Motor Vehicle Report](#) to UND Transportation w/in 24 hours

Person completing form: Last name: _____ First name: _____ Phone: _____

Date incident occurred: _____ Time: _____ A.M. P.M.

Date employer was notified: _____ Who was notified? _____

COMPLETE THIS PART OF FORM FOR ALL INCIDENTS INVOLVING LOSS OR DAMAGE TO PROPERTY

What was lost or damaged: _____

Owner of lost or damaged property: _____

Owner's address (include city, state, zip code): _____

Phone: _____ Email: _____

Address, building name, location of incident: _____

Was any State property lost or damaged: Yes No

State Fleet Vehicle Number: _____ Lease VIN: _____

Purpose of Trip: _____

Was Law Enforcement notified?: Yes No Is the Vehicle drivable?: Yes No
 If No, contact UND Transportation (701.777.4122) right away

Name of Law Enforcement Agency: _____

Where can the damage be seen? _____

Were photos taken?: Yes No Send photos to: UND.safety@UND.edu and UND.transportation@UND.edu

Weather: Clear Raining Snowing Other: _____

Description of incident: _____

What can be done to prevent a reoccurrence of this incident?: _____

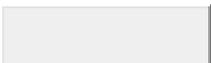
The above information on this report is accurate based on my knowledge of the incident,

Signature _____ Date _____

Supervisor's signature _____ Date _____

_____ Date _____

Office of Safety _____ Date _____



Click [here](#) to send this form to the Office of Safety. You can also save and email it to und.safety@email.und.edu and your Supervisor.