



Loss Report:

Personal Injury or theft/damage of PSU Property

Please report to the Risk Management Office within 1 week of the incident. Failure to do so may result in denial of coverage.

Person Completing Form: _____ Department: _____

Phone Number: _____ Email Address: _____

Where Incident Occurred: _____ Address/City: _____

Date of Incident: _____ Time of Incident: _____ AM/
PM

First responders/: 1) _____ Phone Number: _____ PSU Employee: ☐
Witnesses

2) _____ Phone Number: _____ PSU Employee: ☐

If Injury, describe: _____

Treatment: ☐ None ☐ First-Aid Only ☐ Doctor ☐ Hospital

Describe incident fully:

If damage or theft of PSU property, complete the following:

- ☐ Estimated theft/damage to PSU property: \$ _____
- ☐ Police/CPSO Report (*required if theft is involved; attach to this report*) [if applicable]
- ☐ 2 written replacement quotes (*attach to this report, if you would like to make a claim*)
- ☐ Copy of original invoice for stolen item(s) (*required if theft is involved; attach to this report*)
- ☐ PSU Inventory Tag(s): _____ [if over \$5,000]
- ☐ PSU/Facilities Project Number: _____ [if applicable]

If auto accident, complete the following for PSU vehicle:

- ☐ Make/Model/Year: _____ ☐ License Plate: _____
- ☐ Department of Motor Vehicles Report (*attach*) ☐ Pictures of accident (*may be emailed*)
- ☐ Vehicle Identification Number (VIN): _____

IMPORTANT: When completed, submit this report to the Risk Management Office (mail code: FADM); Market Center Bldg, Rm. 501A, attention Don Johansen. If you have questions, contact **Don Johansen** at 503-725-5340; email johansed@pdx.edu. Attach copy of State of Oregon DMV Accident Report Form.

FADM NOTES:

PSU RM Claim No.: