



INSTRUCTIONS

Use the Claim Form to report an accident and/or file a claim against the University of California, Santa Barbara. (Use the Report of Auto Accident form to report an auto accident involving a UC Santa Barbara employee). Submit completed form to UCSB Risk Management.

CLAIMANT

Name: _____ Home Ph: _____
Address: _____ Bus. Ph: _____
_____ Fax: _____
_____ Email: _____
Contact person: _____ Ph: _____

ACCIDENT

Date: _____ Time of day: _____ Location: _____

Describe how accident occurred:

ATTACHMENTS: Repair Invoice(s) Photo(s) Diagram(s) Medical bills Police Report Case #: _____

PROPERTY DAMAGE

Property damaged: _____

Owner (if not Claimant): _____ Address: _____ Ph: _____

Describe damage: _____

How was damage caused: _____

Claim amount (provide original invoices, estimates, repair bills, etc. to show how cost was determined): _____

BODILY INJURY

Describe injury: _____

How was injury caused: _____

If treated, where: _____ Name of doctor: _____ Ph: _____

Claim amount (provide medical bills, other documentation to show how cost was determined): _____

WITNESSES

Witness: _____ Address: _____ Ph: _____

Witness: _____ Address: _____ Ph: _____

Witness: _____ Address: _____ Ph: _____

CLAIM REPORT BY

Submitted by: _____ Address: _____ Ph: _____

Signature: _____ Date: _____

NOTICE: Section 72 of the Penal Code provides: "Every person who, with intent to defraud, presents for allowance or for payment to any State Board or officer, or to any county, town, city, district, ward, or village board officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing is guilty of a felony."