

DRAKE UNIVERSITY INCIDENT REPORT

Incident Contact Person: _____

Department Local Address: _____

Telephone: _____

1. Time, date, place of incident: _____

2. Reason for being on campus: _____

3. Describe what happened: _____

4. Describe any damage to property or any bodily injury: _____

If **Computer Equipment** was involved, please include the following:

Contact person, Department, Make, Model, Serial #, Purchase Price, Date of Purchase and any other information regarding computer upgrades, software installed, replacement estimate of cost, etc. For example:

DEPT.	NAME & TELEPHONE NO.	MAKER	MODEL	SERIAL #	PURCHASE PRICE	DATE OF PURCHASE
Business and Finance	John Doe Xtn 3777	Dell	Desktop GX270 Pentium 4 3.20 2.80 GHZ 1GB Ram 17" Flat panel 16XDVD&48 CDRW	55555- 640- 2205264- 23076	\$1518.01 Replacement Estimate: \$1300.00	4/20/2004

If **Vehicle** damage, please secure 2 repair estimates and fax to Business and Finance. These estimates will be forwarded to the university's insurance for consideration.

Approximate cost for repair/replacement of property: _____

Attach copies of any repair/replacement estimates and/or invoices to this report and mail or fax to:

Donna Blunck
Drake University
2507 University
Des Moines, IA 50311
Telephone: 515-271-3116
FAX: 515-271-4169

This report will be forwarded to the university's insurance company for review and action. Please feel free to call me after 7 business days to check on the status of this report.