

**INCIDENT REPORT FOR SMALL CLAIMS AGAINST THE UNIVERSITY**

**Part I - PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ Status:  Employee  Student,  Visitor  
 School Address: \_\_\_\_\_ Supervisor's Name (If Applicable): \_\_\_\_\_  
 Home Address (Include Zip Code): \_\_\_\_\_ Department (If Applicable): \_\_\_\_\_  
 \_\_\_\_\_ Dept. Address (If Applicable): \_\_\_\_\_  
 Home Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Dept. Phone (If Applicable): \_\_\_\_\_  
 Forwarding Address (End of Semester) (Include Zip Code): \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_  
 \_\_\_\_\_

**Part II - INCIDENT DETAILS**

Is a report filed with University Police?  Yes  No Date of Police Report: \_\_\_\_\_  
 Incident date: \_\_\_\_\_ Incident Time: \_\_\_\_\_  
 Date notified supervisor: \_\_\_\_\_ Time: \_\_\_\_\_  
 Detailed Location of Incident/Address (e.g. campus, bldg name, street name, nearest landmarks): \_\_\_\_\_  
 \_\_\_\_\_

Description of Incident (State in detail all known facts and circumstances, identify persons and property involved. Attach photos, charts, maps, diagrams and additional pages to help EH&S understand the incident)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any act or condition that may have contributed to the accident, including any equipment/materials  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain why you feel the University is negligent (Attach additional pages if necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_

**WITNESSES TO INCIDENT/INJURY/DAMAGE/LOSS:**

| <b><u>NAME</u></b> | <b><u>ADDRESS</u></b> | <b><u>TELEPHONE NUMBER</u></b> |
|--------------------|-----------------------|--------------------------------|
|                    |                       |                                |
|                    |                       |                                |

Property Damage or Loss (Detailed description of items and Extent of Loss):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Amount of Claim – Estimated Value (See Part III)**

Property Damage/Loss \$ \_\_\_\_\_ Date Purchased: \_\_\_\_\_

**INCIDENT REPORT**

**Part III – INSTRUCTIONS FOR VERIFICATION OF AMOUNT**

You must state a dollar amount on the form. If your claim is accepted by the State, the dollar amount of your claim will need to be documented by independent verification and evidence. However, you are not required to submit this information at this time.

**The following are examples of acceptable means of independent verification or documentation to be submitted after claim is accepted by the State:**

- (a) For **damage to property** that has been or can be economically repaired, submit a photograph of the damaged property. If payment has been made, an itemized statement or receipt showing the actual payment. Proof of ownership may also be required.
- (b) For **damage to a vehicle**, provide ALL of the following: Copy of NYS Drivers License and Vehicle Registration will be required in addition to (a). If damage is due to negligence, a minimum of two (2) estimates are required.
- (c) For **lost or destroyed property**, or for damage to property which cannot be economically repaired, submission of statements itemizing each item, original cost of the item, date purchased, where purchased and the value of the item before and after the incident can be used in determining the actual value of the claim.

**Please be advised that the liability must be shown to be directly caused by the act or omission on the part of a state officer or employee as described in the claim. Damage caused by “an act of God” or other accidental occurrence which is not caused by the negligence or breach of duty by a state officer or employee is not the State University’s responsibility. The individual causing the damage must be an officer or employee of the State of New York, not an independent contractor, for the State University to be liable.**

**The State is not automatically responsible for bills (medical, repairs or other) simply because the incident occurs on its premises or as a result of its operations. It is your responsibility to fulfill your financial obligations.**

**I understand that filing any false statement on this Incident Report may subject me to civil and/or criminal penalties.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**One purpose of this reporting process is to identify and avoid other potential incidents which could harm other persons or damage property. After submitting this form, you may be contacted by the EH&S Small Claims Administrator, University Services or University Police for additional information. You should not discuss or provide information to anyone other than the above-mentioned offices. Completing this form will also assist the University in identifying possible corrective action to avoid further incidents.**

**Please fax this form to the Small Claims Administrator at 716-829-2704, or mail to 220 Winspear Avenue, Buffalo, NY 14215 IMMEDIATELY following an incident.**