WINTHROP UNIVERSITY PROPERTY LOSS/INCIDENT REPORT

Date of Loss:	Department:		
Loss Location (provide complete address if off-campus):			
Who was notified: Police:	Public Safety:		
Was the Loss Related to Construction	Contract Work:		
If so, please provide Name of Project and Job	Number:		
Was this a Special Event if so please list:			
Description of Loss/Incident, Extent of Damas (Attach all supporting statements such as offic other information for this report)			
INJURY INFO	ORMATION:		
Type and Extent of Injury Known:			
Name of Injured Party:			
Address:			
City/State/Zip:			
Telephone:			

If A Third Party Is Responsible:

Name of Person Responsible for Lo	DSS:		
Address:			
City:	State:	Zip Code:	
If the responsible party is a Student	, please check	here:	
-	•	ed/Borrowed:	
Owner/Lessor Name:			
Telephone:			
Contact Person:		Telephone:	
Department :			
	WITNESSI	ES:	
Name:		Telephone:	
Address		_ City/State/Zip:	
Address			
Name:		Telephone:	
		-	
Address:		_ City/State/Zip:	
REPORTED BY:		_ DATE:	
CONTACT PERSON:		_ TELEPHONE:	