

**DRAKE UNIVERSITY
INCIDENT REPORT**

Incident Contact Person: _____

Department Local Address: _____

Telephone: _____

1. Time, Date and Location of Incident: _____

2. Reason for being on campus:

3. Describe what happened:

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

If there is 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 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.