

Property Damage/Loss Report

SECTION 1

(Complete in full)

1. Municipality name: _____

2. Incident Information:

Reporting date: _____ Date of incident: _____

Time: _____

Location of Incident: _____

City: _____ State: _____ Zip: _____

Type of loss:

(Auto, Property, Injury-Fire, Wind, etc.)

Describe what happened:

Employee involved in incident: _____

Contact person for additional information: _____

Witness/Passenger name(s): _____

Address: _____ Phone # _____

Was a Police Report filed? Yes No Report # _____

Where filed?

SECTION 2

1. Property Loss/Damage

Department: _____ Phone # _____

Location: _____

Description of lost/
damaged property:

If city owned: Serial Tag# _____ Estimated damage: _____

Repair:

Replace:

Reported by: _____ Date: _____