



DAMAGE TO/LOSS OF TOWN PROPERTY

7.1 Incident report- First party property damage

Risk Manager
USE ONLY

DATE RECEIVED

TRACKING #

NAME OF REPORTING EMPLOYEE	DEPARTMENT	INCIDENT OR DISCOVERY DATE
NAME OF EMPLOYEE INVOLVED (IF DIFFERENT FROM REPORTING EMPLOYEE)	DEPARTMENT	INCIDENT OR DISCOVERY DATE
POSITION	WORK PHONE	IMMEDIATE SUPERVISOR

WHAT TOWN PROPERTY IS DAMAGED OR LOST/STOLEN? INCLUDE EQUIPMENT NUMBER IF APPLICABLE.

DESCRIBE INCIDENT. ATTACH ADDITIONAL STATEMENTS/SHEETS IF NECESSARY.

IF DAMAGED/LOST/STOLEN PROPERTY IS A TOWN VEHICLE	VEHICLE MAKE	MODEL	YEAR
VEHICLE #	PLATE #	VIN #	

FOR TRAFFIC ACCIDENT INVOLVING ANOTHER VEHICLE(S)

DESCRIBE VEHICLE DAMAGE

DESCRIBE HOW DAMAGE OCCURRED. ATTACH ADDITIONAL STATEMENTS/SHEETS IF NECESSARY.

INCIDENT ADDRESS/CROSS STREETS	CITY	STATE	ZIP CODE
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NAME OF EMPLOYEE DRIVING TOWN VEHICLE

OTHER DRIVER'S INFORMATION

NAME OF DRIVER	NAME OF REGISTERED VEHICLE OWNER		
ADDRESS OF DRIVER	CITY	STATE	ZIP CODE
INSURANCE COMPANY REQUIRED	POLICY # REQUIRED		

PROVIDE NAMES, ADDRESSES & PHONE NUMBERS OF ALL WITNESSES (IF ANY)

POLICE REPORT FILED? YES NO IF YES, AGENCY FILED WITH _____ REPORT # _____

PHOTOS TAKEN? YES NO IF YES, NAME OF INDIVIDUAL WHO TOOK PHOTOS? *INCLUDE PHOTOS OF DAMAGE.

DEPARTMENT FINANCIALLY RESPONSIBLE FOR DAMAGED/LOST/STOLEN PROPERTY:

WILL PROPERTY NEED TO BE REPAIRED OR REPLACED? YES NO \$ _____ ESTIMATED DAMAGE/LOSS AMOUNT / INCLUDE WRITTEN ESTIMATE IF AVAILABLE

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. *E-SIGNATURE ACCEPTABLE.

SIGNATURE OF REPORTING EMPLOYEE	DATE	SIGNATURE OF DEPARTMENT HEAD	DATE
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