

Okaloosa County

PROPERTY DAMAGE / LOSS INVESTIGATION REPORT

PRINT OR TYPE

1. Description of Property / Equipment Involved		2. Name of Claimant	
		3. Phone No. & Address	
4. Place of Incident:	5. Time a.m. p.m.	6. Date (Month, Day, Year)	
7. Name of Employee(s) Involved, If any, and Describe What Employee(s) was doing:			
8. List any Witness		9. Cost of Damage or Loss (Estimate)	
10. Describe What Happened: (How and Why)			
FOR DEPARTMENT USE ONLY			
11. Was the Incident a Result of an Unsafe Act, Equipment, or Other Property? Yes No IF YES DESCRIBE:			
12. If Number 11 was answered Yes, What Steps Have Been Taken to Prevent Future Incidents of This Type?			
DEPARTMENT SIGNATURES			
Department Head or Constitutional Officer		Risk Management Director	

Note: If Vehicle Accident: Attach Copy of Florida Traffic Accident Report
Original Copy to Risk Management
Make a copy for your Department