



Property Damage/Loss Report

1. Description of the Property or Equipment		2. Name of Claimant	
		3. Claimant's Address/Phone Number	
4. Incident Location	5. Time AM PM <input type="checkbox"/> <input type="checkbox"/>	6. Date (Month, Day, Year)	
7. Names of Any County Employees Who Were Involved. Describe how they were involved in the incident.			
Were any County Employees drug tested following this incident?			
8. Identify All of the Eyewitnesses (if any).		9. Estimated Cost of Damage/Loss	
10. Describe What Happened. How did this incident occur? Why?			
11. Did any Unsafe Acts and/or any Unsafe Equipment/Other Property contribute to this incident? If so, how?			
12. What steps have been taken (and by whom) to prevent similar incidents in the future?			
13. Investigating Supervisor Printed Name: _____ Signature: _____ _____ Date: _____		14. Department Manager or Director Printed Name: _____ Signature: _____ _____ Date: _____	

NOTE: For vehicle incidents, attach a copy of the Florida Traffic Accident Report.

Send original form to Risk Management – Keep a copy. (Form Revised – July 16, 2018)