PROPERTY DAMAGE REPORT FORM

Date of Loss	
Time of Loss	☐ AM ☐ PM
Exact Location	
Department	

Employee Information (if involved)

Employee Name	
SSN (Last 4 Digits)	
Job Title	
Department/Subdivision	/
Supervisor	
Workers Compensation claim also filed?	☐ Yes ☐ No
If yes, please describe injuries	

Reporting

Person Notified	
Date and Time Notified	/ / : ☐ AM ☐ PM

Description of Loss

Type of Loss	☐ Fire ☐ Lightning ☐ Theft ☐ Hail ☐ Vandalism ☐ Flood ☐ Wind ☐ Other (explain) _____
Detailed Description of How Loss Occurred	
Description of Damaged Property (include serial numbers, model numbers, etc.)	
Was damage caused by a third party?	☐ Yes ☐ No
If yes, please explain	
Was damage caused by a defect or malfunction?	☐ Yes ☐ No
If yes, please explain (**IMPORTANT**: please retain all evidence until investigation of loss is complete)	

Other Claims Filed in Addition to This Claim

Auto	☐ Yes ☐ No
Liability	☐ Yes ☐ No
Workers Compensation	☐ Yes ☐ No

Third Party Information

Name	
Address	
Phone	
Insurance Company Information	

Reported by: _____

Comments: _____

Complete this form and submit to Human Resources within 24 hours of the loss.
Complete all fields if the information is available.
Contact Human Resources at 814-6402 with questions.