



PROPERTY DAMAGE REPORT FORM

| | |
|----------------|---|
| Date of Loss | |
| Time of Loss | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Exact Location | |
| Department | |

Employee Information (if involved)

| | |
|--|---|
| Employee Name | |
| SSN (Last 4 Digits) | |
| Job Title | |
| Department/Subdivision | / |
| Supervisor | |
| Workers Compensation claim also filed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please describe injuries | |

Reporting

| | |
|------------------------|--|
| Person Notified | |
| Date and Time Notified | / / : <input type="checkbox"/> AM <input type="checkbox"/> PM |

Description of Loss

| | |
|---|---|
| Type of Loss | <input type="checkbox"/> Fire <input type="checkbox"/> Lightning <input type="checkbox"/> Theft <input type="checkbox"/> Hail <input type="checkbox"/> Vandalism <input type="checkbox"/> Flood <input type="checkbox"/> Wind <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain | |
| Was damage caused by a defect or malfunction? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Workers Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> 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.