



LOSS/DAMAGE REPORT

Agency/Person Information					
Date		Incident Name			
Agency/Person					Resource #
Mailing Address					
City				State	Zip Code
Completed By				Contact #	

Loss/Damage Information					
Date of Incident		Time		Loss <input type="checkbox"/>	Damage <input type="checkbox"/>
Location					
City				State	Zip Code

Describe loss or damage on the back of this form or on a separate sheet and attach.

Reported to Law Enforcement	<input type="checkbox"/> Yes <input type="checkbox"/> No	LE Agency			
Officer			Report/Case #		
Property Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer			
Claim Filed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Claim #			

Witnesses					
Name		Name			
Address			Address		
City			City		
State	Zip Code		State	Zip Code	
Contact #			Contact #		

Investigation*			
Investigated By		Contact #	
Agency			Resource #

Attach investigation to this report.

Reviewed By*	
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Immediate Supervisor	Print Name _____	Contact # _____	
	Signature _____		Date _____
Safety Officer	Print Name _____	Contact # _____	
	Signature _____		Date _____
Incident Commander	Print Name _____	Contact # _____	
	Signature _____		Date _____

Turn original report in to the Mobilization Representative at the incident. Keep a copy for your records.

*** If requesting reimbursement for loss or damage, an investigation AND all signatures must be obtained. The completed report must be submitted with an Expense/Claim Reimbursement Request. Submittal of forms is not a guarantee of reimbursement. All reimbursement requests are subject to review and approval.**