

## Property Loss Report (For damage to agency property)

(For damage to agency property)
Attorney/Client Privileged Document

Form 03

1	Agency name	Today's date			
2	Date of incident (mm/dd/yyyy)	Time of in	cident (hh/n	mm, a.m./p.m.)	
3	Name of person completing the report	Title of pe	Title of person completing report		
4	Business phone	Business email			
5	ow did the incident occur and what property was damaged? (Provide a brief factual summary.)				
6	ame of the location (park, pool, community center; Ex. Smith Pool, Johnson Community Center) or nearest intersection here the incident occurred.				
7	nere an address for incident location? If yes, please provide the following:				
	Street address				
	City State	Zi	p code		
8	Location (Specify the exact type of location/facility damaged,	facility damaged, listing multiple locations/facilities if necessary. Ex. mainte-			
	nance garage, sports field)				
Ĭ	rimary location (Identify the exact area of damage. <i>Ex. tool storage, batting cage</i> )				
10	Estimate of loss				
11	Contact person at facility				
12	Contact person's email				
13	Contact person's phone number				
14	Was damage caused by third-party (non-agency) individual?	[ ] Yes [	] No	[ ] Unknown	
15	Has the party responsible for damage been identified? If yes, persons identified:	provide the following co	ntact inform	nation for the person or	
	Name	Street address			
	City State	Zi	p code		
	-		-		
16	Has a police agency conducted an investigation?	[ ] Yes [	] No	[ ] Unknown	
17	What police agency investigated the incident?	What is th	What is the police report number?		
18	Were criminal charges brought against the responsible party?	If yes, what were the ch	arges?		