



To be submitted within 24 hours

Reference #: \_\_\_\_\_

Insurance Reserve Fund Application

**PROPERTY DAMAGE, THEFT OR LOSS REPORT**

Type of Report:  Property Damage  Theft  Unlicensed Vehicles  Other \_\_\_\_\_

Division: Community Development and Recreation Services

Branch: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ Site Phone: \_\_\_\_\_

Exact location of Occurrence: \_\_\_\_\_

Was the Occurrence reported to the Police?  Fire Dept?  Incident #: \_\_\_\_\_ Date: \_\_\_\_\_

Was Supervisor notified?  Yes  No If no, reason not reported: \_\_\_\_\_

Name and phone number of Supervisor Occurrence was reported to: \_\_\_\_\_

**Describe the occurrence in detail (on reverse):**

Estimated cost of damage, repair or replacement: \$ \_\_\_\_\_

**Complete this Section if a Vehicle was Involved:**

Driver's Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ / (w) \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Vehicle Model & Year: \_\_\_\_\_ Vehicle Plate Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Vehicle Registration Number: \_\_\_\_\_

**PERSON (S) RESPONSIBLE FOR OCCURRENCE, IF KNOWN:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone: (h) \_\_\_\_\_ / (w) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone: (h) \_\_\_\_\_ / (w) \_\_\_\_\_

**WITNESS, IF KNOWN:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone: (h) \_\_\_\_\_ / (w) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone: (h) \_\_\_\_\_ / (w) \_\_\_\_\_

**STAFF ON DUTY AT THE TIME OF THE OCCURRENCE:**

Name \_\_\_\_\_ Position \_\_\_\_\_ Phone: (h) \_\_\_\_\_ / (w) \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Phone: (h) \_\_\_\_\_ / (w) \_\_\_\_\_

**REPORT COMPLETED BY:**

Name \_\_\_\_\_ Position \_\_\_\_\_ Phone: (h) \_\_\_\_\_ / (w) \_\_\_\_\_

**BRANCH CONTACT FOR ADDITIONAL INFORMATION:**

Name \_\_\_\_\_ Position \_\_\_\_\_ Phone: (h) \_\_\_\_\_ / (w) \_\_\_\_\_

It is the responsibility of the reporting department to ensure the repair and/or replacement and to send copies of paid invoices, showing account numbers, to the claims and insurance branch.

Checked and Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized City Official

Recovery Account Numbers: \_\_\_\_\_

Office Use Only:  Process Report  File Report Administrative Coordinator Initials \_\_\_\_\_  
Date: \_\_\_\_\_ Recreation Coordinator Initials \_\_\_\_\_

