

COUNTY OF SANTA CRUZ - PROPERTY LOSS REPORT

Date of Loss: _____ Time of Loss: _____

Employee Reporting Loss: _____

Department: _____ Phone No.: _____

Exact Location of Loss: _____

Description of Loss (use back if more space needed): _____

Estimate of Amount of Loss: _____

Did Fire Respond: Yes No If yes, Name and Agency _____

Did Police Respond: Yes No If yes, Name and Agency _____

Did County Staff from Other Departments Respond: Yes No

If yes, provide name(s) and department(s): _____

Witnesses: Name, Address and Phone Number

1. _____

2. _____

3. _____

Report Completed By: _____ Date: _____

FORWARD COMPLETED REPORT TO RISK MANAGEMENT WITHIN 24 HOURS OF INCIDENT

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