

City of Decatur

**Supervisor/Employee Loss Report Form
City Property Damage (PD) Claims**

Supervisor to Complete

A.M. / P.M.

Date of Incident: _____

Time of Incident: _____

City Property Involved (If City vehicle was involved, please list vehicle number):

Address _____ of
Loss: _____

Explain Cause for Loss (Fire, Theft, Vandalism, Wind, etc.): _____

Provide Your Estimated Replacement/Repair Cost: \$ _____

Was an Employee Involved w/ Loss? Yes / No

If Yes, Complete the following:

Employee Name: _____ Employee
Position: _____

How Long in Position: _____ Yrs. _____ Mo.

Department: _____

Employee Complete The Following:

Describe How Property Damage Occurred: _____

List Cause of Damage: _____

Do You Feel You Did Everything Within Reason To Prevent the Incident? Yes / No

Explain: _____

What Could be Done to Prevent Similar Future Occurrences?

Damage First Reported To: _____,

Date: _____

Name

Position

Were You Injured as a Result of Accident? Yes / No

If Yes, Describe Injury Type (strain, fracture, bruise, etc.): _____ Body Part Affected: _____

Employee Signature: _____

Date: _____

City Property Damage (PD)

Supervisor Complete The Following:

Supervisor's Account of Property Loss:

**Do you feel the employee did everything within reason to prevent the loss? Yes / No
Explain Answer:**

What immediate action was taken to prevent future occurrences?

Was Employee Injured as a result of the Accident? Yes / No.

If Yes, Complete the Employee/Supervisor's Injury/Incident Investigation Form (for W.C. Claims).

Supervisor's Name (Print) Supervisor's Signature Date

Department Head Comments:

Department Head Name (Print) Department Head Signature Date

Witness' Statement (City Employees Only)

Describe in detail what you saw:

What was your location in relation to the accident (ex: 5-6' away, etc.)?:

What was the apparent cause of the accident?:

Witness Name (Print)

Witness Signature

Date

(Form to be Returned to the Legal Department within 48-hours of Incident)