

## PROPERTY DAMAGE INCIDENT REPORT FORM

This form is for reporting property damage incidents. Complete it at the site of the damage or immediately after the incident occurs.

**Date of Report:** \_\_\_\_\_, 20\_\_\_\_

### PERSON INVOLVED

- **Full Name:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Identification:**  Driver's License No. \_\_\_\_\_  
 Passport No. \_\_\_\_\_  Other: \_\_\_\_\_
- **Phone:** \_\_\_\_\_
- **E-Mail:** \_\_\_\_\_

### THE INCIDENT

- **Date of Incident:** \_\_\_\_\_, 20\_\_\_\_
- **Time:** \_\_\_\_\_  AM  PM
- **Location:** \_\_\_\_\_
- **Type of Property Damaged (e.g., vehicle, building, equipment):**  
\_\_\_\_\_
- **Cause of Damage (e.g., accident, natural disaster, vandalism):**  
\_\_\_\_\_

### DESCRIPTION OF THE DAMAGE

- *Provide a detailed description of the damage:*

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**PHOTOGRAPHIC EVIDENCE ATTACHED?**  Yes  No

**POLICE NOTIFIED?**  Yes  No

*If yes, was a report filed?*  Yes  No

### ESTIMATE OF REPAIR COSTS (if available)

- Estimated Cost: \$ \_\_\_\_\_
- *Details of the Estimate:*

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**WITNESSES**

- **Were there witnesses to the incident?**  Yes  No
- *If yes, enter the witnesses' names and contact info:*

1. **Full Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_
2. **Full Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_
3. **Full Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_

**INSURANCE INFORMATION (if applicable)**

- **Insurance Provider:** \_\_\_\_\_
- **Policy Number:** \_\_\_\_\_

**PERSON FILING REPORT**

- **Full Name:** \_\_\_\_\_
- **Title/Role:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_

**OFFICE USE ONLY**

- **Report received by:** \_\_\_\_\_
- **Date:** \_\_\_\_\_, 20\_\_\_\_
- **Follow-up actions:**

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