



CHESTERFIELD COUNTY GOVERNMENT AND PUBLIC SCHOOLS



RM USE ONLY
Claim Number(s):
Adjuster Initials:
SUBRO:

County Property Loss Report

Use this report if:

- 1. A Citizen's property is damaged, lost, or stolen while on County property.
2. A County owned or leased property is damaged, lost, or stolen.

OWNER OF PROPERTY: [] Citizen [] County [] Schools
PART I. COUNTY DEPARTMENT OR SCHOOL INFORMATION
Name of Department or School: Department or School Section:
Department or School Address: Street City State Zip Code
Date of Incident: Time of Loss: a.m. p.m.
Name of Investigating Officer: Last First Middle Initial Police Report Number
PART II. NAME OF CITIZEN (If this is not a citizen loss, please skip to part III.)
NAME: Last First Middle Initial
HOME ADDRESS: Street City State Zip Code
TELEPHONE NUMBER: (Home): (Work)
PART III. LOCATION OF LOSS
(Be specific, i.e. building, address, room number, facility name, etc.)
PART IV. DESCRIPTION OF PROPERTY
Include make, model, serial number, color, etc.:
PART V. CAUSE OF LOSS
How was the property damaged, stolen, or lost?

PART VI. WITNESSES (Use additional pages if necessary)

NAME: _____
Last First Middle Initial

HOME ADDRESS: _____
Street City State Zip Code

PART VII. PERSONS RESPONSIBLE FOR DAMAGE
(Individual(s) responsible for damage, if minors, list parents name and address)

NAME: _____
Last First Middle Initial

HOME ADDRESS: _____
Street City State Zip Code

TELEPHONE NUMBERS:
(Home) _____ (Work) _____

Is this individual a County or School employee? Yes _____ No _____

PART VII. SIGNATURE

Printed Name of Person Making Report _____
Last First Middle Initial EID

Signature of Person Making Report:	Printed Name of Supervisor
	_____ Last First Middle Initial EID

Department:	Signature of Supervisor: _____
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Work Telephone Number:	Department:
	Work Telephone Number:
Date:	Date:

IMPORTANT: This form must be forwarded to the **RISK MANAGEMENT DEPARTMENT** within **ONE** business day of discovery of the incident. Email to RMClaimReports@chesterfield.gov