

**PROPERTY LOSS REPORT**  
**Warren County**

Department Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Time: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Location Where Loss Occurred: \_\_\_\_\_

Description of Loss: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was Damaged: \_\_\_\_\_

Police or Fire Department: \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Report Completed By: \_\_\_\_\_ Phone #: \_\_\_\_\_

Location Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_

Department Supervisor should immediately email or fax this form to the County Attorney at [turcottea@warrencountyny.gov](mailto:turcottea@warrencountyny.gov) or fax 761-6377 and mail the original to the County Attorney. Department should also email a copy to Self-Insurance at [warrencountyinsurance@warrencountyny.gov](mailto:warrencountyinsurance@warrencountyny.gov).

# WARREN COUNTY SELF-INSURANCE DEPARTMENT

1340 State Route 9 \* Lake George NY 12845 \* Phone 518-761-6528 \* Fax 518-761-6249

email: [warrencountyinsurance@warrencountyny.gov](mailto:warrencountyinsurance@warrencountyny.gov)

## Property Damage Report Supplement to "Property Loss Report" - Page 1

Department/Facility:	Report Submitted By:
Date of Damage:	Time:                      a.m.                      p.m.
Address of Incident:	
Equipment or Structure Damaged ( <i>include equipment number if appropriate</i> ):	
Describe Damage:	

### Damage Caused By Natural Event: (Please check if appropriate)

Wind <input type="checkbox"/>	Ice <input type="checkbox"/>	Snow <input type="checkbox"/>	Water <input type="checkbox"/>	Lightning <input type="checkbox"/>
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### Damage Caused By Human Error: (Please check if appropriate)

Operating Unsafe Equipment <input type="checkbox"/>	Lack of or inadequate training <input type="checkbox"/>	Lack of experience <input type="checkbox"/>	Careless/ Irresponsible Attitude <input type="checkbox"/>
Failure to follow instruction <input type="checkbox"/>	Other: (please specify) <input type="checkbox"/>		

### Damage Caused by Equipment/Structural Failure (Please state cause)

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## Property Damage Report Supplement to "Property Loss Report" – Page 2

### Personnel Information (Must be given in all cases involving an employee in the incident)

Name:	Department:
Employee Account of Incident:	
Action taken to prevent recurrence:	

### SUPERVISOR TO COMPLETE

Action taken to repair or replace customer's property or belongings:	
<b>Direct Costs of Repair/Replacement:</b>	
Mechanical \$	Electrical \$
Structural \$	Vehicular \$
Property \$	Other (specify) \$
Total Direct Cost Loss Incurred from Incident \$	
<b>Estimated Indirect Costs Associated with Incident:</b>	
Product Loss \$	Equipment Rental \$
Administrative/Investigative \$	Insurance Deductibles \$
Other (List) \$	Other (List) \$
Total Indirect Cost Loss Incurred from Incident \$	

*Please attach additional pages for sketches and diagrams of the incident scene as appropriate.*

### SIGNED:

<b>Employee:</b>	<b>Phone:</b>	<b>Date:</b>
<b>Supervisor:</b>	<b>Phone:</b>	<b>Date:</b>
<b>Department Head:</b>	<b>Phone:</b>	<b>Date:</b>

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## Accident Investigation Witness Statement

### Personal Information

Name of Witness			
Address			
City, State, Zip			
Phone			

### Employment Information

Department		Work Site	
Occupation		Supervisor	
Date of Hire		Time in current position	

### Accident Information - Injured Person's Name: \_\_\_\_\_

Date accident occurred		Time of Accident	
Location of accident		Weather Conditions at time of Accident	

### In your words, give a brief description of the accident:

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### How did the Injury Occur?

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### How Could the Accident Have Been Prevented?

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### Signed:

Witness Name		Date	
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