PDRMA
PARK DISTRICT RISK MANAGEMENT AGENCY

Property Loss Report

(For damage to agency property)

Attorney/Client Privileged Document

Form 03

1	**Agency name** — **Today's date**
2	**Date of incident (mm/dd/yyyy)** — **Time of incident (hh/mm, a.m./p.m.)**
3	**Name of person completing the report** — **Title of person completing report**
4	**Business phone** — **Business email**
5	**How did the incident occur and what property was damaged? (Provide a brief factual summary.)**
6	**Name of the location (park, pool, community center; *Ex. Smith Pool, Johnson Community Center*) or nearest intersection where the incident occurred.**
7	**Is there an address for incident location? If yes, please provide the following:** **Street address** **City** — **State** — **Zip code**
8	**Location (Specify the exact type of location/facility damaged, listing multiple locations/facilities if necessary. *Ex. maintenance garage, sports field*)**
9	**Primary location (Identify the exact area of damage. *Ex. tool storage, batting cage*)**
10	**Estimate of loss**
11	**Contact person at facility**
12	**Contact person's email**
13	**Contact person's phone number**
14	**Was damage caused by third-party (non-agency) individual?** ☐ **Yes** ☐ **No** ☐ **Unknown**
15	**Has the party responsible for damage been identified? If yes, provide the following contact information for the person or persons identified:** **Name** — **Street address** **City** — **State** — **Zip code**
16	**Has a police agency conducted an investigation?** ☐ **Yes** ☐ **No** ☐ **Unknown**
17	**What police agency investigated the incident?** — **What is the police report number?**
18	**Were criminal charges brought against the responsible party? If yes, what were the charges?**