Property Damage Report

Please email a completed copy to risk.management@maconbibb.us

Department _____ Division _____

Accident Date _____ Accident Time_____ AM/PM

On County Premises () Yes () No

Exact Location of Accident/Incident_____

Person Involved_____ **Contact Number**_____

Employee Position/Title_____

Damaged Property _____

Describe exactly what happened; be sure to include details before, during, and after the incident.

Please also list any damage to property, in as much detail as possible.

_____

_____

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_____

Please check below:

None:
__ Very Small
__ Does not require repairs

Slight
__ Does not need repairs
__ Damage not noticeable

Moderate:
__ Does not need repairs
__ Repairs required

Severe
__ Possible Total Loss (need replacement)

Employees' Signature: _____ Date: _____

Immediate Supervisor: _____ Date: _____

Division Head: _____ Date: _____