



CITY OF OMAHA

PROPERTY DAMAGE, VANDALISM AND THEFT REPORT

This form will be used to report loss due to property damage accidents, vandalism and theft. If there is damage to a vehicle or automotive equipment, it is to be used in conjunction with the accident report of vehicle and/or automotive equipment (LRS 101) It replaces Property Control Form No. 11. Complete all items that pertain to your particular circumstance.

Employee Having Accident: _____ Soc. Sec. No.: _____
 Reporting Supervisor: _____ Title: _____
 Department: _____ Division: _____
 Location: _____
 Telephone Number: _____ Date: _____

PROPERTY DAMAGE: Yes **VANDALISM:** Yes **THEFT:** Yes

1. Item Damage/Stolen (describe the item): _____
 Estimate repair or replacement cost: \$_____ Estimate original purchase cost: \$_____
2. Describe the damage to materials, equipment or circumstances (for additional space use back side)

3. Serial number or identification number of item: _____
 City tag number: _____
 Vehicle/Automotive Equipment Number: _____
4. Police Notification: Yes No Date: _____

INDIRECT DOLLAR LOSS DUE TO ACCIDENT:

1. How many workers lost time due to talking, watching and/or helping at the scene? _____
 Total time lost _____ hours.
2. How many workers lost time due to equipment damaged in the accident? _____ Total time lost _____ hours.
3. How many workers lost time due to absence of the injured worker(s)? _____ Total time lost _____ hours.
4. For how much time was the injured worker paid on the day of the accident? _____ hours?
5. Will overtime be necessary to make up lost production? Yes No
6. How much of the supervisor's time was spent in assisting, investigating, reporting, assigning work, training a substitute or other adjustments necessary after the accident? _____ hours.

Investigating Supervisor

Property Custodian

Employee's Signature

If reporting damage from vehicle and/or automotive equipment accident, attach to vehicle and/or automotive equipment accident report. Return original to Labor Relations and Safety Division of the Human Resources Department. Send a copy to Property Control.

Property Control Use Only	
Reviewed By:	Division Manager Reviewed: <input type="checkbox"/> Concur <input type="checkbox"/> Does Not Concur
Signature: _____	
Comptroller's Comments and Signature: _____	