



**COUNTY OF ALAMEDA
PROPERTY LOSS REPORT
County of Alameda Property Only, Except Vehicles
(FORM 430300-6)**

INSTRUCTIONS: This form is to be completed by the County department who would like to request funding from the County's Property Self-insurance Program for repair or replacement of lost or damaged County property (except County vehicles) caused by a covered peril. **An incident report form (Form 430300-2) must accompany the property loss report.** Submit completed Property Loss Report and supporting documentation to Risk Management Unit, located at: 125 12th Street, Suite 300, Oakland, CA 94607, QIC 28505. Deductibles may be applicable and are the responsibility of the Department who suffered the loss.

NOTE: Loss submitted later than twelve months from the date of occurrence will not be funded.

AGENCY:

UNIT:

DATE:

1.	Date of Loss:	Time:	Date Reported to Agency/Unit:
	Place of Loss:		
2.	<input type="checkbox"/> Cash	<input type="checkbox"/> Property	<input type="checkbox"/> Location Number/Address
	<input type="checkbox"/> Other		
	Property Description:		
	Property #:	Serial #:	
3.	Cause of Loss/Damage:		
4.	Title of Property:	<input type="checkbox"/> County	<input type="checkbox"/> Other – Specify _____
5.	Action Requested:	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace
			Estimated Cost to Repair or Replace: \$
6.	Loss/Damage Reported by:	Title:	
7.	Police Authority to Whom Incident was Reported:	Police Report #:	
8.	Documents Attached:	<input type="checkbox"/> Repair/Replacement Invoice	<input type="checkbox"/> Photographs
		<input type="checkbox"/> Police Report	<input type="checkbox"/> Other (describe):
9.	Additional Comments:		

SHADED AREA TO BE COMPLETED BY RISK MANAGEMENT UNIT ONLY:

Gross Loss: \$ _____ Deductible: \$ _____ Amount to Fund: \$ _____

Request Approved Request Not Approved Additional Approval Required

Report Submitted By: _____ Date: _____

Risk Management Authorization Signature: _____ Date: _____