

**COUNTY OF SANTA CRUZ DEPARTMENT OF PUBLIC WORKS
PROPERTY LOSS REPORT**

Date of Loss: _____ Time of Loss: _____

Employee Reporting Loss: _____

Department: _____ Phone No.: _____

Exact Location of Loss: _____

Description of Loss (use back if more space needed): _____

Estimate of Loss: _____

Did Fire Respond: ☐ Yes ☐ No If yes, Name and Agency _____

Did Police Respond: ☐ Yes ☐ No If yes, Name and Agency _____

Did County Staff from Other Departments Respond: ☐ Yes ☐ No

If yes, provide name(s) and department(s): _____

Witnesses: Name, Address and Phone Number

1. _____

2. _____

3. _____

Report Completed By: _____ Date: _____

Supervisor Signature: _____ Date: _____

FORWARD COMPLETED REPORT TO RISK MANAGEMENT WITHIN 24 HOURS OF INCIDENT

FORWARD ONE COPY TO DPW FLEET MAINTENANCE

FORWARD ONE COPY TO DPW SAFETY OFFICER