



PROPERTY LOSS REPORT-VEHICLE DAMAGE

Use this form to report loss or damage to property owned or used by the City, including buildings, furniture, equipment, supplies, boilers and heavy machinery.

FROM: \_\_\_\_\_

TO: abagclaims@yorkrsg.com  
York Risk Services Group  
Attn: PLAN JPA Claims  
475 14<sup>th</sup> Street; Ste 600  
Oakland, CA 94612  
Phone: (925) 349-3800

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Vehicle: \_\_\_\_\_

Number	Year	Make/Model	License#
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Loss Location: \_\_\_\_\_

Accident Description: \_\_\_\_\_

Vehicle Damage: \_\_\_\_\_

Other Vehicle: \_\_\_\_\_

Number	Year	Make/Model	License#
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Other Driver: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Other Vehicle Damage: \_\_\_\_\_

Witnesses/Passengers: \_\_\_\_\_

Police or FD Report: Report#: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone#: \_\_\_\_\_ Location: \_\_\_\_\_

Please attach any loss documentation including reports, estimates and/or photographs of the damage in your possession with this Loss Report.