

PROPERTY LOSS REPORT
Warren County

Department Name: _____

Address: _____ Phone #: _____

Date of Loss: _____ Time: _____ Date of Report: _____

Location Where Loss Occurred: _____

Description of Loss: _____

What was Damaged: _____

Police or Fire Department: _____

Other Comments: _____

Report Completed By: _____ Phone #: _____

Location Manager: _____ Phone #: _____

Department Supervisor should immediately fax this form to the County Attorney at 761-6377 and mail the original to the County Attorney. Department should also fax this form to Self-Insurance at 761-6249.

WARREN COUNTY SELF-INSURANCE DEPARTMENT

1340 State Route 9 * Lake George NY 12845 * Phone 518-761-6528 * Fax 518-761-6249

email: warrencountyinsurance@co.warren.ny.us

Property Damage Report (Appendix E)

Supplement to "Property Loss Report" - Page 1

(This form does not replace existing procedures for Insurance Claim notification. All parties shall continue to follow P&C reporting procedures at www.co.warren.ny.us/insurance)

| | |
|------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Department/Facility: | Report Submitted By: |
| Date of Damage: | Time: a.m. p.m. |
| Address of Incident: | |
| Equipment or Structure Damaged (<i>include equipment number if appropriate</i>): | |
| Describe Damage: | |

Damage Caused By Natural Event: (Please check if appropriate)

| | | | | |
|-------------------------------|------------------------------|-------------------------------|--------------------------------|------------------------------------|
| Wind <input type="checkbox"/> | Ice <input type="checkbox"/> | Snow <input type="checkbox"/> | Water <input type="checkbox"/> | Lightning <input type="checkbox"/> |
|-------------------------------|------------------------------|-------------------------------|--------------------------------|------------------------------------|

Damage Caused By Human Error: (Please check if appropriate)

| | | | |
|--------------------------------------------------------|---------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------|
| Operating Unsafe Equipment <input type="checkbox"/> | Lack of or inadequate training <input type="checkbox"/> | Lack of experience <input type="checkbox"/> | Careless/ Irresponsible Attitude <input type="checkbox"/> |
| Failure to follow instruction <input type="checkbox"/> | Other: (please specify) <input type="checkbox"/> | | |

Damage Caused by Equipment/Structural Failure (Please state cause)

| |
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| |
|--|

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**Property Damage Report (Appendix E)
Supplement to "Property Loss Report" – Page 2**

Personnel Information (Must be given in all cases involving an employee in the incident)

| | |
|-------------------------------------|-------------|
| Name: | Department: |
| Employee Account of Incident: | |
| Action taken to prevent recurrence: | |

SUPERVISOR TO COMPLETE

| | |
|----------------------------------------------------------------------|--------------------------|
| Action taken to repair or replace customer's property or belongings: | |
| Direct Costs of Repair/Replacement: | |
| Mechanical \$ | Electrical \$ |
| Structural \$ | Vehicular \$ |
| Property \$ | Other (specify) \$ |
| Total Direct Cost Loss Incurred from Incident \$ | |
| Estimated Indirect Costs Associated with Incident: | |
| Product Loss \$ | Equipment Rental \$ |
| Administrative/Investigative \$ | Insurance Deductibles \$ |
| Other (List) \$ | Other (List) \$ |
| Total Indirect Cost Loss Incurred from Incident \$ | |

Please attach additional pages for sketches and diagrams of the incident scene as appropriate.

SIGNED:

| | | |
|-------------------------|---------------|--------------|
| Employee: | Phone: | Date: |
| Supervisor: | Phone: | Date: |
| Department Head: | Phone: | Date: |

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Supervisor's Report of Accident Investigation (Appendix D) Supplement to C2 Form

(To be completed immediately. This form does not replace Worker's Compensation forms. Established procedures for Worker's Compensation reporting must continue to be followed.)

| | |
|------------------------|---------------|
| Date of Investigation: | Investigator: |
| Injured Person: | |

Describe the accident in detail (include physical surroundings, equipment in use)

SPECIFY THE UNSAFE ACTS AND CONDITIONS WHICH LED TO THE ACCIDENT (Please circle all that apply):

Unsafe Acts:

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Improper lifting, carrying, handling• Improper use of tools or equipment• Operating without authority• Failure to wear personal protective equipment• Failure to use safety devices• Failure to use proper tools/equipment• Failure to obey rules/procedures• Failure to secure ladders• Lack of adequate training | <ul style="list-style-type: none">• Transitioning to/from ladder• Misstep on ladder• Over-reaching on ladder• Using defective equipment• Overriding safety devices• Horseplay• Taking shortcuts or hurrying• Action of others• Other: _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Unsafe Conditions:

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Wet and/or slippery working surface• Defective floor and/or walking area• Congested work area• Poor housekeeping• Inadequate lighting• Inadequate guards• Inadequate design or maintenance | <ul style="list-style-type: none">• Lack of available personal protective equip• Lack of proper tools or equipment• Defective tools or equipment• Inadequate warning system• Projection hazards• Hazardous atmosphere• Other: _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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**Supervisor's Report of Accident Investigation (Appendix D)
Supplement to C2 Form - Page 2**

Personal Factors:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Improper work habits• Unaware of work hazard• Improper motivation | <ul style="list-style-type: none">• Improper attire• Improper attitude• Unwilling to follow work rules• Other: _____ |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|

Was there an infraction of a Safety/Health Rule, Regulation, Procedure or Specific Instruction?

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| |
| |

Was the Employee Properly Instructed and/or Trained (Please describe):

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| |
| |

What corrective measures are being taken to prevent similar accidents?

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| |
| |
| |

Signed:

| | | |
|--------------------------------|--------|-------|
| Supervisor: | Phone: | Date: |
| Supervisor Email address: | | |
| Department Head: | Phone: | Date: |
| Department Head Email address: | | |

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Accident Investigation Witness Statement (Appendix C)

Personal Information

| | | | |
|------------------|--|--|--|
| Name of Witness | | | |
| Address | | | |
| City, State, Zip | | | |
| Phone | | | |

Employment Information

| | | | |
|--------------|--|--------------------------|--|
| Department | | Work Site | |
| Occupation | | Supervisor | |
| Date of Hire | | Time in current position | |

Accident Information - Injured Person's Name: _____

| | | | |
|------------------------|--|----------------------------------------|--|
| Date accident occurred | | Time of Accident | |
| Location of accident | | Weather Conditions at time of Accident | |

In your words, give a brief description of the accident:

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How did the Injury Occur?

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| |
|--|

How Could the Accident Have Been Prevented?

| |
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|--|

Signed:

| | | | |
|--------------|--|------|--|
| Witness Name | | Date | |
|--------------|--|------|--|