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| **THE CITY OF WINNIPEG**  **FIRST PARTY PROPERTY DAMAGE, THEFT OR LOSS REPORT (Other than Vehicles)**  **(Vehicle Damage to be Reported on Vehicle Accident Report)** | | | | | | | | | |
| **Department/Division**  Click here to enter text. | | | | **Branch**  Click here to enter text. | | | | | |
| **Date of Occurrence**  Click here to enter text. | | | | **Time**  Click here to enter text.a.m. | | | | | |
| **Location Name**  Click here to enter text. | | | | **Location Address**  Click here to enter text. | | | | | |
| **Exact Location of Occurrence:**  Click here to enter text. | | | | | | | | | |
| **Cause of Loss**  Select from List | | | | **Classification of Damage**  Select from List | | | | | |
| **Other (Please Specify)**  Click here to enter text. | | | | | | | | | |
| **Outline the exact detailed description of occurrence and damages**  Click here to enter text. | | | | | | | | | |
| **Was Occurrence Reported to Police/Fire**  Yes | | | **Date Reported**  Click here to enter text. | | | **Time Reported**  Click here to enter text. a.m. | | | **Police/Fire #**  Click here to enter text. |
| **Who Reported Damage?**  Click here to enter text. | | **Phone #**  Click here to enter text. | | | | | **Time Reported**  Click here to enter text.a.m. | | |
| **Was Supervisor Notified?**  Yes | | **If, no, reason not reported**  Click here to enter text. | | | | | | | |
| **Name of Supervisor Occurrence was reported to**  Click here to enter text. | | | | | **Phone Number**  Click here to enter text. | | | | |
| **Estimated Cost of Repairing Damage**  Click here to enter text. | | | | | | | | | |
| ***PERSON OR PERSONS RESPONSIBLE FOR OCCURRENCE AND WITNESSES, IF KNOWN*** | | | | | | | | | |
| **Name**  Click here to enter text. | | **Address**  Click here to enter text. | | | | | **Phone**  Click here to enter text. | | |
| **Name**  Click here to enter text. | | **Address**  Click here to enter text. | | | | | **Phone**  Click here to enter text. | | |
| **Witness Name**  Click here to enter text. | | **Witness Address**  Click here to enter text. | | | | | **Witness Phone**  Click here to enter text. | | |
| **Witness Name**  Click here to enter text. | | **Witness Address**  Click here to enter text. | | | | | **Witness Phone**  Click here to enter text. | | |
| ***STAFF ON DUTY AT THE TIME OF THE OCCURRENCE, IF KNOWN:*** | | | | | | | | | |
| **Name**  Click here to enter text. | **Position**  Click here to enter text. | | | **Phone**  Click here to enter text. | | | | **Date**  Click here to enter text. | |
| **REPORT COMPLETED BY** | | | | | | | | | |
| **Name**  Click here to enter text. | | **Position**  Click here to enter text. | | | | | **Phone**  Click here to enter text. | | |
| **Checked and Approved**  **Name & Title**  Click here to enter text. **Date:** Click here to enter text. | | | | | | | | | |
| ***RECOVERY ACCOUNT NO’S*** | | | | | | | | | |
| Click here to enter text. | | Click here to enter text. | | | | | Click here to enter text. | | |
| ***Please phone the Claims Branch at 204-986-2828 within 24 hours of the occurrence and complete the First Party Property Damage Report and email it to*** [***claims@winnipeg.ca***](mailto:claims@winnipeg.ca) ***within 7 days.***  ***Unless otherwise agreed to by the City Claims Branch, it is the responsibility of the reporting branch to repair and /or replace the damaged property and to send copies of the paid invoices or final repair accounts, showing Account Numbers*** | | | | | | | | | |