ILENE SHAPIRO
COUNTY EXECUTIVE

# PROPERTY DAMAGE REPORTING PROCEDURES

1. **STOP AT ONCE!** Check for personal injuries and obtain emergency medical assistance, if needed. Think Safety First for yourself and others. Do not continue work if doing so could result in additional injury or property damage.
2. **PROTECT THE AREA.** If an immediate hazard is present, keep employees and others a safe distance from the area. Call 911 or other emergency services when fire, hazardous materials, electrical hazards, structural damage, or other emergency conditions are present.
3. **DO NOT CREATE FURTHER HAZARDS.** Secure equipment, shut down operations, or isolate the area when it can be done safely. Do not move, alter, repair, or disturb damaged property unless necessary to eliminate an immediate hazard or prevent additional damage.
4. **REPORT THE DAMAGE IMMEDIATELY.** Notify your supervisor immediately of any County or third-party property damage, regardless of the apparent severity.
5. **DOCUMENT THE SCENE.** Take photographs of the damaged property, surrounding area, equipment involved, and any conditions that may have contributed to the incident. Obtain the names and contact information of witnesses and, when applicable, the owner or representative of damaged third-party property.
6. **RELATE ONLY THE FACTS.** Do not argue, admit fault, make promises regarding payment or repairs, or speculate about the cause of the incident. Do not discuss a potential claim with insurance representatives, claims adjusters, property owners, or other parties beyond providing information authorized by the County.

**NOTIFICATION AND REPORTING**

1. **REPORT THE INCIDENT TO YOUR SUPERVISOR IMMEDIATELY** after any emergency needs have been addressed, the area has been made safe, and you are able to do so.
2. **COMPLETE THE PROPERTY DAMAGE REPORT.** The Summit County employee involved in, observing, or discovering the property damage shall provide the information necessary to complete this report. Report only known facts and observations. Do not guess or speculate.
3. **NOTIFY LAW ENFORCEMENT WHEN APPROPRIATE.** Contact the appropriate law enforcement agency when the incident involves suspected criminal activity, significant third-party property damage, damage requiring an official police report, or when otherwise directed by a supervisor.
4. **PRESERVE RELEVANT INFORMATION.** Supervisors shall ensure that available photographs, witness information, equipment inspection records, work orders, permits, pre-use inspections, or other documentation relevant to the incident are retained with or referenced in the report.
5. **FORWARD THE COMPLETED REPORT.** The completed Property Damage Report and supporting documentation shall be forwarded in accordance with County reporting procedures and within required reporting timeframes.

**COUNTY OF SUMMIT**
**DEPARTMENT OF LAW & RISK MANAGEMENT**
175 S. MAIN STREET, 8TH FLOOR
AKRON, OHIO 44308
PHONE: 330.643.8428 • FAX: 330.643.2507

**COUNTY OF SUMMIT**
**DEPARTMENT OF HUMAN RESOURCES**
1180 S. MAIN STREET, SUITE 311
AKRON, OH 44301
PHONE: 330.926.2500 • FAX: 330.643.8562

Rev. 09/26

**Department of Human Resources**
Russell M. Pry Building
1180 S. Main Street, Suite 311
Akron, OH 44301
330.926.2500
330.643.8562 *Fax*
www.co.summitoh.net

# Property Damage Report

**CONFIDENTIAL INTERNAL USE ONLY**

CLAIM NUMBER

This form must be completed and submitted by the employee within 24-hours of incident.

| | | | |
|---|---|---|---|
| TIME & PLACE | *DATE/TIME OF INCIDENT* | *LOCATION* *STREET* *CITY (BE SPECIFIC)* | |
| PREMISES CONDITION | TYPE OF PREMISES<br>☐ CONSTRUCTION SITE ☐ PARKING LOT<br>☐ HALLWAY ☐ SIDEWALK<br>☐ LOBBY/ENTRANCE ☐ STAIRWAY<br>☐ OFFICE ☐ STREET<br>☐ OTHER (EXPLAIN): | CONDITIONS<br>☐ DRY<br>☐ ICY<br>☐ SNOWY<br>☐ WET<br>☐ UNEVEN SURFACE<br>☐ OTHER (EXPLAIN): | REPORTED TO POLICE DEPARTMENT:<br>POLICE REPORT NUMBER (ATTACH REPORT):<br>☐ NOT REPORTED |
| INCIDENT DESCRIPTION | DESCRIBE WHAT HAPPENED | | |
| INJURED PERSON | NAME | AGE | PHONE NUMBER |
| | FULL ADDRESS (STREET, CITY/TOWN, STATE, ZIP CODE) | | |
| DESCRIPTION OF INJURY | INJURY (DESCRIBE THE TYPE, SEVERITY, AND BODY PART(S) INVOLVED) | | |
| | WAS MEDICAL TREATMENT GIVEN? | | |
| | NAME OF MEDICAL FACILITY/DOCTOR | TRANSPORTED BY: | |
| PROPERTY DAMAGE | OWNER'S NAME ADDRESS PHONE NUMBER | | |
| | DESCRIBE THE PROPERTY AND THE DAMAGE | ESTIMATED REPAIR/REPLACEMENT COST | |
| WITNESSES<br>GIVE THE FULL NAME & ADDRESS OF EACH WITNESS | NAME ADDRESS PHONE NUMBER | | |
| | | | |
| | | | |
| CLAIMANT/ EMPLOYEE COMPLETING THIS REPORT<br>SIGN HERE ▶ | | PHONE | |
| PRINT NAME/TITLE | | DEPARTMENT/OFFICE | |