



**CARSON CITY LIABILITY & PROPERTY LOSS REPORT FORM**  
 (This report does not constitute a liability claim)

Instructions for use of this form to report the following types of losses:

1. A personal injury to other than a Carson City employee, or volunteer;
2. Loss or damage to property of others (private property);
3. Loss or damage to Carson City property, except for loss or damage to vehicles

**DO NOT USE THIS FORM WHEN A VEHICLE IS INVOLVED IN AN ACCIDENT/INCIDENT. USE THE CARSON CITY VEHICLE ACCIDENT REPORT FORM. PLEASE ATTACH PHOTO(S) OR ADDITIONAL FORMS, INCLUDING WITNESS STATEMENTS AS NECESSARY.**

Reporting Party's Name		City Department		Phone	
Location of Incident		Date	Time	Reported by	Date Notified
			<input type="checkbox"/> AM <input type="checkbox"/> PM		
Incident reported to: <input type="checkbox"/> Carson City Sheriff Office    City Department <input type="checkbox"/> Risk Management <input type="checkbox"/> Humane Society					
<input type="checkbox"/> Other _____ Case No.					
Was 911 called? <input type="checkbox"/> Yes    No    If so, by whom?					
Was the incident part of a private event?: <input type="checkbox"/> Yes    No					
If Yes, list name of person/organization in charge:					
Description of accident or occurrence (include weather conditions, first aid provided, nature of injury, transport to medical facility, etc.)					

INJURED PERSON(S)						
Name(s)	Street Address	City, State	Zip	Phone	*D.O.B.	Sex
1.				( ) -	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female
2.				( ) -	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female
3.				( ) -	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female

\*If injured person(s) is a minor, provide Parent/Guardian information below

Name(s)	Street Address	City, State	Zip	Phone	Relationship
1.				( ) -	
2.				( ) -	
3.				( ) -	

PRIVATE PROPERTY (NOT CITY OWNED)					
Name(s)	Street Address	City, State, Zip	Phone	*Age	Sex
1.			( ) -		<input type="checkbox"/> Male <input type="checkbox"/> Female
2.			( ) -		<input type="checkbox"/> Male <input type="checkbox"/> Female
3.			( ) -		<input type="checkbox"/> Male <input type="checkbox"/> Female
Description of damaged / lost property:					

CITY PROPERTY	
Description of damaged/lost property:	
Department's estimate to repair or replace City Property:	\$

WITNESSES			
Name(s)	Street Address	City, State Zip	Phone
1.			
Comments:			
2.			
Comments:			
3.			
Comments:			

Signatures:

\_\_\_\_\_  
Reporting Party

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Additional Comments:
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**Email completed form to Risk Management at [cmeyer@carson.org](mailto:cmeyer@carson.org), within 24 hours of the incident.**