

WASHOE COUNTY LIABILITY & PROPERTY LOSS REPORT FORM

Instructions for use of this form (Saf 7) to report the following types of losses:

1. A personal injury other than a Washoe County Employee;
2. Loss or damage to property of others (private property);
3. Loss or damage to Washoe County Property.

DO NOT USE THIS FORM WHEN A VEHICLE IS INVOLVED IN AN ACCIDENT/INCIDENT. USE THE WASHOE COUNTY VEHICLE ACCIDENT REPORT FORM. Saf5

Employee's name _____ County Dept./Div. _____ Dept./Div # _____ Phone _____

Location of Incident _____ Date _____ Time _____ Reported by _____ Date Notified _____

Incident reported to: (circle one and fill in the case number if known) Washoe County Sheriff Department; Reno Police Department; Sparks Police Department; Other _____ Case # _____

Description of Accident or occurrence (include weather conditions). If necessary, continue on reverse side.

INJURED PERSONS

Name/s	Street Address	City	State	Zip	Phone	Age	Sex
1.							
2.							

PRIVATE PROPERTY (NOT COUNTY OWNED)

Name/s	Street Address	City	State	Zip	Phone	Age	Sex
1.							
2.							
Description of damaged/lost property							

COUNTY PROPERTY

Description of damaged/lost property
Department's/Division/s estimate to repair or replace County Property \$

