

Carroll County Department of Fire & EMS

Loss/Damage Report

Property:

Loss Report Damage Report

Dept. Bureau. Office		Phone:	one: Dat		Pate:	
Property was issued to/Responsibility of:				Employee ID:		
Last Name: First Nan		ne:			Middle Initial:	
Property Description:				County Property Number:		er:
Make:	Model:		erial No.:		Color:	
Other: (Describe):						
Circumstances of Loss/Damage:						
Date of Loss/Damage: Time	Time of Loss/Damage: AM/PM		Location of Property When Lost/Damaged:			
Police Report #: Probable			bable Amo	Amount Damage:		
How Loss or Damage Occurred:						
Reported by: (Signature)	Date:		Prepared (Signature)	by:		Date: