



PORTAGE COUNTY PROPERTY DAMAGE REPORT

Complete this form to report damage to County Property

SUBMIT WITHIN 24 HOURS OF INCIDENT to

**Portage County Risk Management
1462 Strongs Avenue
Stevens Point, WI 54481**

Questions? Call (715) 346-1489

Email – riskmanagement@co.portage.wi.us

DOCUMENTS TO SUBMIT WITH THIS REPORT

★ **CRASH REPORT**

★ **ESTIMATES**

★ **INVOICES**

★ **PHOTOS**

DATE OF INCIDENT _____ **TIME OF INCIDENT** _____ am pm

REPORTING DEPARTMENT _____ **INSURANCE CONTACT / PHONE #** COLLEEN BRANDT (715) 346-1489

INDIVIDUAL INVOLVED and/or SUBMITTING REPORT

NAME _____ **PHONE #** _____ **DATE OF REPORT** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

LOCATION OF INCIDENT (be specific)

LAW ENFORCEMENT AGENCY CONTACTED _____ **REPORT #** _____

VEHICLE DAMAGE

VEHICLE # _____ **YEAR** _____ **MAKE** _____ **MODEL** _____ **VIN #** _____

DETAILED DESCRIPTION OF DAMAGES (e.g., small dent on left, front, driver's side bumper)

DESCRIPTION OF DAMAGED PROPERTY (other than a vehicle)

WHERE CAN DAMAGED PROPERTY BE SEEN BY AN ADJUSTER? _____

ESTIMATES (list each estimate separately by vendor)

VENDOR

**ESTIMATED COST
TO REPAIR DAMAGES**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

DESCRIBE HOW THE INCIDENT OCCURRED (be specific and provide all details)

DESCRIPTION OF AREA (road/weather conditions, ice, snow, clear, slippery, etc.)

WITNESSES (provide Names, Addresses, and Phone Numbers for all Witnesses)

PERSONAL INJURY (list all injured individuals and instruct them to complete additional reports shown below*)

NAME	ADDRESS	CITY	STATE	ZIP	PHONE #	BIRTHDATE	EXTENT OF INJURY
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

- Injured County Employees - Complete the Worker's Compensation Claim Packet
- Others Injured – Complete the Liability Claim Form – Public Property or Individual