



Virginia Department of Fire Programs

Property Damage Report Form

Reported By _____ Branch _____ Date _____

Date of Incident _____ Time of Incident _____ a.m. _____ p.m.

Location of Incident _____

Police Dept. Notified? yes no PD Report Number _____ Agency _____

Fire Dept. Notified? yes no FD Report Number _____ Agency _____

Description of Property

Description of Property: _____

Property Identifying Number _____

What Happened ? _____

Total Property Damage _____ Total Property Value _____

Property Owner _____

Address (include complete address, with street address, city, state and zip)

Phone Number _____ Email Address _____

Driver's License No. _____

Witnesses:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Submitted By _____ Signature _____ Date _____

Supervisor _____ Signature _____ Date _____

Safety Officer _____ Signature _____ Date _____