



**PROPERTY/EQUIPMENT BREAKDOWN REPORT**  
7225 Parkway Drive  
Hanover, Maryland 21076

1+800-673-8231  
TEL: 1+443-561-1700  
FAX: 1+443-561-1739  
URL: [www.lgit.org](http://www.lgit.org)

<b>MEMBER CONTACT</b>			<b>DEPARTMENT CONTACT</b>			
<b>NAME AND ADDRESS</b>		<b>BUSINESS PHONE</b>	<b>NAME AND ADDRESS</b>		<b>BUSINESS PHONE</b>	
		<b>WHEN TO CONTACT</b>				
<b>LOSS INFORMATION</b>						
<b>CLAIM</b>	<b>DATE OF ACCIDENT</b>		<b>TIME OF ACCIDENT</b>	<b>AM</b>	<b>PREVIOUSLY REPORTED?</b>	
<b>INCIDENT</b>				<b>PM</b>	<b>YES</b>	
<b>LOCATION OF ACCIDENT</b> (nearest intersection, city, zip)			<b>AUTHORITY CONTACTED:</b>		<b>VIOLATIONS/CITATIONS</b>	
			<b>REPORT#:</b>		<b>CAUSE OF ACCIDENT</b>	
<b>DESCRIPTION OF ACCIDENT</b>						
<b>MEMBER MOBILE EQUIPMENT</b>						
<b>DESCRIPTION</b>		<b>MAKE</b>	<b>MODEL</b>	<b>SERIAL NUMBER</b>		
<b>OWNER'S NAME &amp; ADDRESS</b>					<b>BUSINESS PHONE</b>	
(Check if same as Member)						
<b>DRIVER'S NAME</b>			<b>PUBLIC WORKS OPERATIONS AT TIME OF OCCURRENCE</b>			
<b>STRUCTURE/CONTENTS DAMAGE</b>		<b>NON-MOBILE EQUIPMENT? YES</b>	<b>NO</b>			
<b>DESCRIPTION</b>		<b>MAKE</b>	<b>MODEL</b>	<b>SERIAL NUMBER</b>		
<b>ADDITIONAL INSURANCE POLICIES, WARRANTIES, CONTRACTS, OR OTHER AGREEMENTS</b> <i>(Include copies with this report)</i>					<b>BUSINESS PHONE</b>	
					<b>POLICY NUMBER</b>	
<b>OWNER, TENENT OR CONTRACTOR IN CONTROL OF PREMISES</b>					<b>RESIDENCE PHONE</b>	
(Check if same as Member)					<b>BUSINESS PHONE</b>	
<b>DESCRIBE DAMAGE:</b>						
<b>PERSONAL PROPERTY OF AN EMPLOYEE OR VOLUNTEER</b>						
<b>DESCRIBE PROPERTY:</b>					<b>MAKE</b>	
<b>OWNER'S NAME &amp; ADDRESS</b>					<b>RESIDENCE PHONE</b>	
<b>DESCRIBE DAMAGE:</b>					<b>BUSINESS PHONE</b>	
<b>PROPERTY DAMAGE INVESTIGATION</b>						
<b>NAME AND ADDRESS OF NEGLIGENT PARTY</b>					<b>RESIDENCE PHONE</b>	
					<b>BUSINESS PHONE</b>	
<b>NAME AND ADDRESS OF INSURANCE COMPANY</b>			<b>POLICY NUMBER</b>		<b>BUSINESS PHONE</b>	
<b>WITNESSES</b>						
<b>WITNESS 1 NAME AND ADDRESS:</b>			<b>PHONE</b>	<b>PED</b>	<b>OTHER (Specify)</b>	
				<b>OTH VEH</b>		
<b>WITNESS 2 NAME AND ADDRESS:</b>			<b>PHONE</b>	<b>PED</b>	<b>OTHER (Specify)</b>	
				<b>OTH VEH</b>		
<b>IMPORTANT: REPORTS SUBMITTED IN HARD COPY MUST BE SIGNED BY THE SUPERVISOR</b>						
<b>REPORT DATE</b>		<b>SUPERVISOR'S SIGNATURE</b>			<b>SUPERVISOR'S SIGNATURE</b>	