



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

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