

**ABAG PLAN CORPORATION**  
**PROPERTY LOSS REPORT – VEHICLE DAMAGE**

FROM: THE CITY OF \_\_\_\_\_

TO: ABAG PLAN CORPORATION  
P. O. BOX 2050  
Oakland, CA 54604-2050  
Phone: (510) 464-7954

Report Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Department: \_\_\_\_\_ Claim No. \_\_\_\_\_

Vehicle: \_\_\_\_\_

Number	Year	Make/Model	License
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Loss Location: \_\_\_\_\_

Accident Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Damage to Vehicle: \_\_\_\_\_

\_\_\_\_\_

Other Vehicle: \_\_\_\_\_

Number	Year	Make/Model	License
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Driver's Name/Address: \_\_\_\_\_

Area Code/Phone: \_\_\_\_\_

Damage to Vehicle: \_\_\_\_\_

Witnesses/Passengers: \_\_\_\_\_

Police Report? \_\_\_\_\_ Officer \_\_\_\_\_

Citation? \_\_\_\_\_ If towed, where? \_\_\_\_\_

Emergency Personnel Notified? \_\_\_\_\_