**Property Incident Report Form**

(Only for property with a unit acquisition cost of $5,000 or more)

 **A. Local Workforce Development Area**

1. LWDA’s name and number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_
2. Fiscal agent’s name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Contact’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number and fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **B. Property Identification**

1. Description of the property:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Original Acquisition Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Acquisition Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Serial Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. WIA/WIOA Tag Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. Incident Identification**

1. Type of Incident: Damaged Lost Stolen
2. Explanation of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Police Report Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of Police Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**D. Resolution**

1. Name of Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address of Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date incident was reported to Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Disposition of matter by Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. If damaged, provide repair/replacement cost information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Authorized Signatory**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for completing the Property Incident Report Form**

The form must be submitted to the Bureau of Workforce Development Administration within ten working days of the determination of the property loss. Once the form has been completed and signed by the fiscal agent or authorized signatory, it must be mailed or emailed to the Bureau. The original form and any related documents must be retained by the fiscal agent for his records.

The fiscal resource account email is RA-LIBWDA-FISCALOPS@pa.gov.

**Section A: Local Workforce Development Area**

Item 1. Enter the name and number of the Local Workforce Development Area.

Item 2. Enter the fiscal agent’s name and address.

Item 3. Enter the contact person’s name, phone number, fax number, and email address.

**Section B: Property Acquisition Request Information**

Item 4. Enter a description of the property involved.

Item 5. Enter the original unit acquisition cost of the item.

Item 6. Enter the original acquisition date of the item.

Item 7. Enter the serial number.

Item 8. Enter the model number.

Item 9. Enter the WIA/WIOA tag number assigned to this property

**Section C: Incident Identification**

Item 10. Was the property damaged, lost, or stolen? Place a check mark in the appropriate box.

Item 11. Summarize the circumstances relating to the incident.

Item 12. Enter the Police Report Number, if applicable.

Item 13. Enter the name of the police department notified, if applicable.

Item 14. Enter the address of the police department notified, if applicable.

Note: If the incident involves suspected theft, intentional damage, or a reportable vehicular accident, the matter must be reported to the local police department.

**Section D: Resolution**

Item 15. Enter the name of the insurance company.

Item 16. Enter the address of the insurance company.

Item 17. Enter the policy number of the insurance claim.

Item 18. Enter the date the incident was reported to the insurance company.

Item 19. Provide detailed information concerning any actions taken or to be taken by the insurance company. Include such information as whether or not the item was covered by insurance, whether a deductible was involved, and the amount of the deductible. If reimbursement by the insurance company is expected, note the approximate date the reimbursement will be forthcoming.

Item 20. Furnish specific information concerning repair costs. Include the original acquisition cost the estimated costs for the repairs.

Print the name of the fiscal agent or authorized signatory who will be signing the form. That authorized individual must then sign and date the form.