



Type of Property  Building  Vehicle Claim Number \_\_\_\_\_

Fire Department: \_\_\_\_\_ Fire Department RM #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Incident Date \_\_\_\_\_ Time: \_\_\_\_\_ County \_\_\_\_\_

**Building- (Complete if loss involves an insured structure)**

Building Name _____		Building Address _____	
City _____		Oklahoma State _____	County _____
Were building contents damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide list of damaged contents with amount(s).			

**Vehicle- (Complete if loss involves a vehicle insured with Auto Physical Damage)**

Tag Number _____	Year _____	Make _____
Model: _____	Vin# (last 4 digits) _____	
Was any equipment damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide list of equipment with amount(s).		

**Describe Damage** – How did the damage occur?

\_\_\_\_\_

Estimated amount of loss: \_\_\_\_\_

Authorities reported to: (fire, police, etc.) \_\_\_\_\_

Person to contact about inspecting the loss: \_\_\_\_\_

	Name	Phone
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Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

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

Return to: **RISK MANAGEMENT, P. O. BOX 53364, OKLAHOMA CITY, OK 73152-3364**  
**FAX: (405) 522-4442 EMAIL: fdip@omes.ok.gov**  
**Contact Phone (405) 521-4999 or (888) 521-7475**