



**COUNTY OF ALAMEDA
COUNTY VEHICLE DAMAGE REIMBURSEMENT REQUEST
(FORM 430300-5)**

INSTRUCTIONS: This form is to be completed by the County department that would like to request funding from the County's Property Self-Insurance Program for repair or replacement of lost or damaged County vehicles. **A vehicle accident/incident report (Form 430300-1) must accompany this claim request.** Submit completed form and supporting documentation to Risk Management Unit, located at 125 12th Street, 3rd Floor, Oakland, CA, QIC 28505.

NOTE: Loss submitted later than twelve months from the date of occurrence will not be funded.

AGENCY:

UNIT:

DATE:

1.	Date of Loss: _____ Time: _____ Date Reported to Risk Management: _____ Place of Loss: _____
2.	Make/Model/Year of Vehicle: _____ County Vehicle #: _____ License Plate #: _____ Estimated Value: \$ _____
3.	Cause of Loss/Damage: Fault: <input type="checkbox"/> County Driver <input type="checkbox"/> Other Driver <input type="checkbox"/> Not determined (explain): _____
4.	County Driver's Name: _____ Driver's License #: _____ Work Phone #: _____
5.	Title of Property: <input type="checkbox"/> County <input type="checkbox"/> State/Federal Government <input type="checkbox"/> Other – Specify _____
6.	Action Requested: <input type="checkbox"/> Repair <input type="checkbox"/> Replace Estimated Cost to Repair or Replace: \$ _____
7.	Police Authority to Whom Accident was Reported: _____ Police Report #: _____
8.	Supporting Documents Attached: <input type="checkbox"/> Repair/Replacement Invoice <input type="checkbox"/> Photographs <input type="checkbox"/> Police Report <input type="checkbox"/> Other
9.	How Could the Accident Have Been Prevented?
10.	Additional Comments:

Report Submitted by: _____

Date: _____

Phone #: _____

Department/Agency Authorized Signature: _____ Date: _____ Phone #: _____

SHADED AREA TO BE COMPLETED BY RISK MANAGEMENT UNIT ONLY:

Gross Loss: \$ _____ Deductible: \$ _____ Amount to Fund: \$ _____

Request Approved Request Not Approved Additional Approval Required

FUND # _____ ORG # _____ ACCT # _____ PROGRAM # _____

Risk Management Authorized Signature: _____ Date: _____