

**PROPERTY LOSS/DAMAGE  
REPORT**  
Contractors & Employees  
(Complete the non-shaded areas)



**State of Alaska**  
Department of Natural Resources  
Division of Forestry

Date received \_\_\_\_\_  
Received by \_\_\_\_\_

Use blue ink  
Print legibly

Date of Loss/Damage: / /

|                               |                      |   |           |
|-------------------------------|----------------------|---|-----------|
| Name and Address of Claimant: |                      | Claim Amount: \$ _____  | Date: / / |
|                               |                      | <b>Contractor &amp; Third Party Claims Only</b>                       |           |
|                               |                      | Recommended Settlement (if applicable) Amount: \$ _____               |           |
|                               |                      | Settlement Proposed by - Staff Initials: _____ Vendor Initials: _____ |           |
|                               |                      | Staff Recommending Settlement Amount: _____                           |           |
| Tax ID or SSN:                | Daytime phone: ( ) - | Staff (adjudicator) Home Unit: _____                                  |           |

| Item No. | Quantity | Description of Item (Attach Photographs Showing Damage)<br>List Make, Model and Serial Numbers for All Equipment | Date Purchased | Original Purchase Price | Value per Item | Amount Claimed |
|----------|----------|--|----------------|-------------------------|----------------|----------------|
|          |          |  |                | \$                      | \$             | \$             |
|          |          |  |                | \$                      | \$             | \$             |
|          |          |  |                | \$                      | \$             | \$             |

If there are more items or more room is needed, attach a separate page. Three bids or estimates are required for any item totaling \$1,000 or more.

**Explanation.** Explain in detail what happened. Provide factual evidence of the circumstances involving your loss. Include name, title and address of person or persons you believe contributed to your loss. Include witness statements, names, addresses and phone numbers when applicable. If more room is needed, use the back side of this form, or a separate sheet. No claim will be approved for replacement of items that can be reasonably repaired. Depreciation may apply on approved claims due to age of item. Total amount claimed \$ \_\_\_\_\_

Insurance. Was property insured?  Yes  No Has claim been submitted to your insurance company?  Yes  No

**Claimant agrees that this claim amount (or proposed settlement amount above, if applicable), if approved, satisfies all damages or loss for the item(s) listed above and claimant will hold the State harmless for future claims for item(s) listed above.**

|                           |            |
|---------------------------|------------|
| Claimant Signature: _____ | Date _____ |
|---------------------------|------------|

**Area Office Comments and Recommendations**

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|               |   |              |
|---------------|---|--------------|
| Regional FMO: | <input type="checkbox"/> Concurs with claim             | FMO Comments |
|               | <input type="checkbox"/> Denies claim                   |              |
| Date: _____   | <input type="checkbox"/> Concurs with settlement amount |              |

| Item No. | Approved | Denied | Reason/Justification | CC | LC | AC | Amt. Approved |
|----------|----------|--------|----------------------|----|----|----|---------------|
|          |          |        |                      |    |    |    | \$            |
|          |          |        |                      |    |    |    | \$            |
|          |          |        |                      |    |    |    | \$            |

|                                    |              |                |            |
|------------------------------------|--------------|----------------|------------|
| Approving Officer Signature: _____ | Title: _____ | RD Code: _____ | Date _____ |
|------------------------------------|--------------|----------------|------------|

Claimant may appeal items/claims denied in writing to:  
DNR Procurement Officer, 550 W. 7th Ave - Suite 1230, Anchorage, AK 99501 within 90 days of date of denial. See AS 36.30.620. Otherwise denied claims will be considered closed.

Original to State Area Office for Forwarding To Region

Copy to Claimant

DOF Revised 2005