



**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 12<sup>th</sup> Street, 3<sup>rd</sup> 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: \_\_\_\_\_