

# Property/Equipment Damage and Loss Report

**\*\*Note: All incidents related to a possible crime must be reported to the local police agency within 48 hours.\*\***

Today's date: \_\_\_\_\_

A. School/Dept. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

B. Originator of report: \_\_\_\_\_ Job Title: \_\_\_\_\_

C. Police Agency notified: \_\_\_\_\_

D.

Date/time occurred:	Month	Day	Year	Time

\_\_\_\_\_  
Name of officer Police case no.

E. Description of incident:

**Please complete either Section F OR Section G**

F. Personal property of  student  general public  employee  
 Description of property: \_\_\_\_\_ Purchase Date: \_\_\_\_\_ Cost: \_\_\_\_\_ Replacement Cost: \_\_\_\_\_  
 Property owner information: Name: \_\_\_\_\_ Parent(s) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Preferred phone: \_\_\_\_\_

District property loss:	Serial Number	Item	Purchase Date	Cost	Replacement Cost

I certify that all information provided above is true and correct to the best of my knowledge. I understand that if the information is not correct, or if the property is recovered, I will not receive reimbursement.

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

**Complete form and send to Risk Management by fax at 1-844-239-6866, or email to riskmanagement@aps.k12.co.us**