

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.

Name of officer Police case no.

Date/time occurred:	Month	Day	Year	Time

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 1-303-326-1921, or email to riskmanagement@aurorak12.org