PROPERTY LOSS FORM

Douglas County School District

Phone 303 387-0030 / Fax 303-387-0112 / Cell 720-660-7926

Loss as a result of:

□ *Criminal conduct □ Malfunction
□ Weather □ Accident
□ Other _____

BASIC INFORMATION

School/Department	Date/Time of Incident
Administrator	Discovered By
Police Report #	Officer Responding

WHERE DID THE ACCIDENT HAPPEN?

Outside: ☐ Inside: ☐

Which Building: _____.

Location

Northside ☐
Southside ☐
Eastside ☐
Westside ☐

WHAT HAPPENED? (DETAILED DESCRIPTION OF ACCIDENT)

CAUSE

Vandalism ☐
Theft ☐
Hail ☐
Wind ☐
Water ☐
Lightning ☐
Fire ☐
Falling Object ☐
Hit by Vehicle ☐
Boiler/HVAC Malfunction ☐
Grounds equipment ☐
Other Cause– describe ☐

DAMAGE

Glass ☐
Graffiti ☐
Doors: ☐
Inside ☐
Outside ☐
Wall ☐
Carpet ☐
Ceiling ☐
Roof ☐
Bathroom Fixtures ☐
HVAC ☐
Playground Equipment ☐
Shrubs/Grounds ☐
Audio Equipment ☐
Computer Equipment ☐
Classroom Furniture ☐
Auto/Bus ☐
Sports Equipment ☐
Personal Property Required for the job ☐
Other – Damage describe ☐

Work Order #

Description of Property Lost/Damaged:

Item: Estimated Value:

Attach extra page if needed.

For restitution, IF KNOWN, please include responsible student(s) or other person(s) name, address, phone and responsible party.

Reporting PROCEDURE: Principal or building manager should:

1. ***Call Security immediately at (303) 387-9999 in the event of a loss due to criminal activity. Security will assign an incident report number to this loss. Without this number, the claim will not be paid.**
2. Forward form to Risk Management and O&M with 24 hours of discovery of the loss. mail to: risk.mgt@dcsdk12.org
3. Failure to notify authorities and/or to provide this documentation may result in the District's inability to pay for damages from the Insurance Reserve Fund. "Mysterious Loss is not a covered loss."
4. In order for a property claim to be covered, the loss must be in excess of $50 and must be covered under the District's current insurance policy.

Please contact Risk Management if there are any questions or for general information visit: http://dcsdk12.org.

PERSON REPORTING: _____. PHONE: (____) ____-____.

SIGNATURE: DATE: ____/____/____.

PRINCIPAL'S SIGNATURE: PHONE: (____) ____-____.

DATE: ____/____/____.