PROPERTY LOSS FORM

Douglas County School District

Phone 720-433-1104 / Fax 720-433-0071

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: ☐

Which Building: _____.

- Northside ☐
- Southside ☐
- Eastside ☐
- Westside ☐

Inside: ☐

Location

_____

_____

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 ☐

_____

_____

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_____

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 ☐

_____

_____

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.
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.
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://www.dcsdk12.org

PERSON REPORTING: _____.

PHONE: (_____) _____-_____.

SIGNATURE:

DATE: _____/_____/_____.

PRINCIPAL'S SIGNATURE:

PHONE: (_____) _____-_____.

DATE: _____/_____/_____.

Revised Nov. 2009