



CUMBERLAND COUNTY SCHOOLS

PROPERTY LOSS OFFENSE AND INCIDENT REPORT

This form is to be completed by the School Administrator or Building/Site Principal to report property loss and damage **immediately** after the loss has occurred. This form should be faxed to Risk Management at 678-2485. **Note: All acts of vandalism and/or theft should be reported directly to local law enforcement and to the CCS Security and Risk Management Departments.**

Report Completed By: _____ **Date of Report:** _____

Location: (School / Building / Site) _____

PROPERTY LOSS / DAMAGE INFORMATION

<p><u>Contact Information:</u></p> <p>Name: _____</p> <p>Title: _____</p> <p>Work Phone: _____</p> <p>E-Mail: _____</p> <p>Fax: _____</p> <p>Signature: _____</p> <p>Detailed Location of Loss: (Room #, Office, Trailer, Storage Bldg.)</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><u>Type of Loss</u> (Check One)</p> <p>VANDALISM: <input type="checkbox"/> THEFT: <input type="checkbox"/></p> <p>LIGHTNING: <input type="checkbox"/> WIND: <input type="checkbox"/></p> <p>FIRE: <input type="checkbox"/> OTHER: <input type="checkbox"/></p> <p style="text-align: center;"><u>Occurred</u> (Check One)</p> <p>NON SCH HRS: <input type="checkbox"/> SCHOOL HRS: <input type="checkbox"/></p> <p>VACATION: <input type="checkbox"/> WEEKEND: <input type="checkbox"/></p> <p>Date/Time of Loss: _____</p> <p style="text-align: center;"><u>Estimated Loss Amounts:</u></p> <p>Content: \$ _____ Bldg: \$ _____</p> <p style="text-align: center;">Other: \$ _____</p>
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Description of Items: (If more space is required, attach additional sheet.)

ITEM (S) / DESCRIPTION	FIXED ASSET OR MODEL NUMBER	YEAR PURCHASED	ESTIMATED REPLACEMENT OR REPAIR COST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Attach all supporting information such as police reports, photographs, special inventory forms and other pertinent information. Please print clearly and provide as much detailed information as possible.