LOS RIOS COMMUNITY COLLEGE DISTRICT
PROPERTY LOSS/DAMAGE REPORT

Date Loss/Damage Occurred ____________________ Date Reported ____________________

ARC ____ CRC ____ DO ____ FLC ____ FM ____ SCC ____

1.0 PROPERTY IDENTIFICATION
1.1 Identification or serial # ___________________________________________ License #
1.2 Description of property _____________________________________________
1.3 Where did loss/damage occur (location) ________________________________
1.4 Organizational unit to which property is assigned _______________________

2.0 LOSS/DAMAGE (If additional space is needed, record information on back of this page.
2.1 Estimated cost associated with this loss/damage _________________________
2.2 Cause of loss/damage: Theft ______ Vandalism ______ Malicious Mischief ______
Motor Vehicle Accident ______ Fire ______ Improper Use of Equipment ______
Other (describe) _______________________________________________________
2.3 Brief account of what happened _______________________________________

3.0 LOSS/DAMAGE PREVENTION ACTIVITIES (If additional space is needed, record information on back of this page).
3.1 Date reported to police /fire ___________________________ Agency _______________________
3.2 Person whom notified police /fire _________________________________________
3.3 Name of police /fire official whom took the call ____________________________
3.4 Additional security or prevention measures implemented by the organizational unit to
prevent similar loss/damage from occurring in the future: ______________________

4.0 PERSONS HAVING KNOWLEDGE OF EVENTS SURROUNDING PROPERTY LOSS/DAMAGE:
List below names, addresses, phone numbers, license no., etc. of witnesses and other persons having first hand information
concerning events surrounding the property loss/damage.

<table>
<thead>
<tr>
<th>Witness, Veh. or Equip. Oper. #1</th>
<th>Witness, Veh. or Equip. Oper. #2</th>
<th>Witness, Veh. or Equip. Oper. #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ___________________________</td>
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</tr>
<tr>
<td>Address _________________________</td>
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<td>Address _________________________</td>
</tr>
<tr>
<td>License # (if applicable) ______</td>
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<td>License # (if applicable) ______</td>
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<tr>
<td>Phone __________________________</td>
<td>Phone __________________________</td>
<td>Phone __________________________</td>
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</tbody>
</table>

Signature of person reporting loss ________________________________
Signature of Loss Prevention Officer ________________________________
(VP of Admin. or Director of Admin. Services)

Address

Phone

Distribution: Campus Loss Prevention Officer
LRCCD GEN SVCS (Risk Management)