

RISK RELATED ACTIVITIES DISTRICT PROPERTY LOSS CLAIM FORM

1115 N EL PASO ST COLORADO SPRINGS CO. 80903 PH 719-520-2398

PLEASE FORWARD TO RISK MANAGEMENT WITHIN 24 HOURS.

Email: _RISKMGNT@D11.org

| BASIC INFORMATION | |
|----------------------|-----------------------|
| School/Department | Date/Time of Incident |
| Principal/Department | Discovered By |
| Police Report # | District Work Order # |

| WHERE DID THE ACCIDENT HAPPEN? | WHAT HAPPENED? (DETAILED DESCRIPTION OF ACCIDENT) |
|---|--|
| Outside: <input type="checkbox"/> Inside: <input type="checkbox"/> Which Building _____ Location _____ _____ Northside <input type="checkbox"/> Southside <input type="checkbox"/> Eastside <input type="checkbox"/> Westside <input type="checkbox"/> | _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ |

| CAUSE | DAMAGE | |
|---|--|--|
| Vandalism <input type="checkbox"/> Theft <input type="checkbox"/> Hail <input type="checkbox"/> Wind <input type="checkbox"/> Water <input type="checkbox"/> Lightning <input type="checkbox"/> Fire <input type="checkbox"/> Falling Object <input type="checkbox"/> Hit by Vehicle <input type="checkbox"/> Boiler/HVAC Malfunction <input type="checkbox"/> Other Cause– describe <input type="checkbox"/> _____ _____ _____ _____ | Glass <input type="checkbox"/> Graffiti <input type="checkbox"/> Doors: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Wall <input type="checkbox"/> Carpet <input type="checkbox"/> Ceiling <input type="checkbox"/> Roof <input type="checkbox"/> Tile <input type="checkbox"/> HVAC <input type="checkbox"/> Playground Equipment <input type="checkbox"/> Shrubs/Grounds <input type="checkbox"/> AV Equipment <input type="checkbox"/> Computer Equipment <input type="checkbox"/> Classroom Furniture <input type="checkbox"/> Bank Equipment <input type="checkbox"/> Sports Equipment <input type="checkbox"/> Personal Property Authorized for use on the job <input type="checkbox"/> Other – Damage describe <input type="checkbox"/> _____ _____ _____ | _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ |

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 loss or damage to Facilities to set up work order – extension #76000 2. CALL loss or damage to Police Department and obtain a Report # 3. CALL loss or damage to District 11 Security – extension #02287 4. CALL loss or damage to Risk Management – extension #02398 | Please contact Risk Management if there are any questions. |
|--|---|

| | |
|---------------------------------------|------|
| PERSON REPORTING ACCIDENT'S SIGNATURE | DATE |
| PRINCIPAL'S SIGNATURE | DATE |

For more information visit our website: <http://www.d11.org/employees/risk-related-activities/risk-management>