THOMPSON SCHOOL DISTRICT
PROPERTY LOSS REPORT FORM

800 S. Taft Ave, Loveland, CO 80537 | Phone: (970) 613-5000

Risk Management Contact: Denise Absalom, Risk Management Specialist | Ph: 970.613.5003 | Email: denise.absalom@tsd.org

LOSS AS A RESULT OF	☐ Criminal conduct ☐ Malfunction ☐ Weather ☐ Accident

1. BASIC INFORMATION

School/Department	**Date/Time of Incident**	**Discovered By**	**Reported to Law Enforcement**
_____	_____	_____	☐ Yes ☐ No
Police Report #	**Officer Responding**	**Work Order #**	
_____	_____	_____	

2. INCIDENT LOCATION & DESCRIPTION

WHERE DID THE INCIDENT HAPPEN?
Building: _____
Outside: _____
Inside: _____
Specific Location: _____

WHAT HAPPENED? (DETAILED DESCRIPTION OF INCIDENT)
_____
_____
_____
_____
_____
_____
_____

3. CAUSE & DAMAGE

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: _____

4. PROPERTY LOST / DAMAGED

Description of Property Lost/Damaged:
_____
_____
_____
_____

Item Value: ☐ Estimated
_____
Provide a VIN number and Unit number if loss is a district vehicle
Attach extra page if needed.

5. RESTITUTION INFORMATION

For restitution, IF KNOWN, please include responsible student(s) or other person(s) name, address, phone and responsible party.
Name: _____ Address: _____
Phone: _____ Responsible party: _____

PRINCIPAL OR SUPERVISOR'S SIGNATURE: _____ **PHONE:** _____ **DATE:** _____