

DATE REPORTED: _____

LOSS REPORT for _____

PROPERTY EQUIPMENT BREAKDOWN TERRORISM

NAME OF LOCATION: _____

LOCATION CODE (if applicable): _____ BUILDING NAME: _____

ADDRESS WHERE INCIDENT OCCURRED: _____ CITY & STATE: _____

CONTACT PERSON (at location): _____ PHONE: _____

EMAIL: _____ DATE/TIME of INCIDENT: _____

POLICE CONTACTED? YES NO REPORT #: _____

TYPE OF LOSS: FIRE THEFT LIGHTNING HAIL FLOOD WIND OTHER: _____

(OTHER PARTY INVOLVED)

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY & STATE: _____

HOME PHONE: _____ WORK PHONE: _____

DESCRIBE INJURY OR DAMAGE: _____

BRIEF DESCRIPTION OF INCIDENT INVOLVING PROPERTY DAMAGE OR INJURY AND CAUSE OF LOSS (ATTACH PHOTOS WITH REPORT, USE AN ATTACHMENT IF NEEDED):

ACTION TAKEN TO PROTECT DAMAGED PROPERTY (USE AN ATTACHEMENT IF NEEDED):

PROBABLE AMOUNT OF ENTIRE LOSS: \$ _____

WITNESS: _____ EMAIL: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

REPORTED BY: _____ DEPARTMENT/TITLE: _____

PLEASE SEND COMPLETED LOSS NOTICE TO:

Jonathan Dowd, jddowd@ksu.edu