

UNIVERSITY DEPARTMENT _____ DEPARTMENT # _____

UNIVERSITY CLAIM # _____

ARIZONA DEPARTMENT OF ADMINISTRATION

RISK MANAGEMENT SECTION

PROPERTY LOSS REPORT

| | | | | |
|--------------------------|----------|---------|---------------|----------------------------|
| AGENCY U of AZ 412 | DIVISION | SECTION | AFIS MAILCODE | RMS NO. (FOR RMS USE ONLY) |
|--------------------------|----------|---------|---------------|----------------------------|

This Report Involves: _____ State Building _____ State Owned Property

Person To Contact - About incident:

Telephone Number:

| | | | | |
|-------|---|-----------------------------|----------------|-----------|
| FACTS | Date of Loss: _____ | Time: _____ a.m. _____ p.m. | Weather: _____ | |
| | Location: _____ | | | |
| | Description of Incident: _____ | | | |
| | _____ | | | |
| | _____ | | | |
| | _____ | | | |
| | Who Was Notified? | Name | Address | Telephone |
| | What Action Was Taken by the Agency Following Damage? | | | |

| | |
|----------|---|
| PROPERTY | Description of Property Involved: _____ |
| | Estimated Amount of Loss: _____ |

| | |
|----------------------------|--|
| PARTY RESPONSIBLE FOR LOSS | Name (Individual or Firm) – That caused loss, if known _____ |
| | Address _____ Phone: _____ |

| | | | |
|-----------|---------------|---------------|-----------------|
| WITNESSES | 1) Name _____ | Address _____ | Phone No. _____ |
| | 2) Name _____ | Address _____ | Phone No. _____ |
| | 3) Name _____ | Address _____ | Phone No. _____ |

| | | | |
|---------------|--------------|--------------------------|------------------|
| POLICE REPORT | Agency _____ | Officer and ID No. _____ | Report No. _____ |
|---------------|--------------|--------------------------|------------------|

| | |
|---------|-------|
| REMARKS | _____ |
| | _____ |
| | _____ |

| | | |
|--|------------|-----------------|
| Reported By _____ (Person Completing Report) | Date _____ | _____ Mail |
| Authorized Supervisor _____ | Date _____ | _____ In Person |
| | | _____ Phone |

MAIL COMPLETED FORM TO: Risk Management, PO Box 210300, Tucson, Arizona 85721-0300 or FAX 621-3706

