

**PERSONAL PROPERTY  
LOSS/DAMAGE REPORT**

Campus: \_\_\_\_\_

1. Campus Dept.: \_\_\_\_\_ Reimburse: 6- \_\_\_\_\_

2. Type of Loss: Theft \_\_\_\_\_ Fire \_\_\_\_\_ Transit \_\_\_\_\_ Other \_\_\_\_\_

3. Date of Loss: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

4. Describe Loss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Identification of Property: \_\_\_\_\_  
\_\_\_\_\_

6. Value: \$ \_\_\_\_\_ Total Value of Claim (including freight): \$ \_\_\_\_\_

7. Name of Transit Carrier (when applicable): \_\_\_\_\_

8. Date of "Notice of Claim" Letter to Transit Carrier (when applicable): \_\_\_\_\_

9. a. Amount Paid by Transit Carrier: \$ \_\_\_\_\_

b. Reimbursable Amount under Self-Insurance: \$ \_\_\_\_\_

c. Reimbursable Amount under Excess Insurance: \$ \_\_\_\_\_

d. Total: \$ \_\_\_\_\_

10. Police Reports Available: Yes \_\_\_\_\_ No \_\_\_\_\_ Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Other Reports Available: Yes \_\_\_\_\_ No \_\_\_\_\_ Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

11. Remarks or Special Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_