

STATE OF HAWAII
REPORT OF LOSS OR DAMAGE OF STATE PROPERTY
(Risk Management)

DEPARTMENT : _____

UNIT/SCHOOL: _____

1. TYPE OF LOSS (X): Theft _____ Fire/Arson _____ Vandalism _____
Storm _____ Other _____

(Specify)

2. DATE INCIDENT DISCOVERED _____ TIME _____ A. M. /P. M.

3. DATE INCIDENT OCCURRED _____ TIME _____ A. M. /P. M.

4. HOW WAS LOSS DISCOVERED?

5. WHO DISCOVERED LOSS? _____ TITLE _____

6. WHO IS RESPONSIBLE FOR PROPERTY? _____ TITLE _____

7. AMOUNT OF LOSS \$ _____

ATTACH A COPY OF THE DETAIL INVENTORY OF PROPERTY REPORT OR OTHER DOCUMENTS AND INDICATE THE ITEMS THAT ARE INVOLVED IN THE LOSS. IN ADDITION, INDICATE NEXT TO EACH ITEM THE BUILDING AND ROOM NUMBER WHERE THE PROPERTY WAS LOCATED, IF APPLICABLE. NOTE: THIS ITEM MUST BE COMPLIED WITH IN ORDER TO VERIFY EXISTENCE OF THE PROPERTY.

8. IF CRIME SUSPECTED:

a. WHERE ENTRY MADE _____ MANNER _____
(Building & room number) (window/door/louvre/etc.)

b. SECURITY _____ TYPE OF SYSTEM _____
(Fire/burglar/patrol/etc.) (Window/gate/alarm/lights/etc.)

c. INCIDENT REPORTED TO LOCAL POLICE: NAME _____
BADGE NUMBER _____ STATION _____
DATE _____ TIME _____

9. OTHER PERTINENT INFORMATION

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature /Phone No.

Date

