## UNIVERSITY OF CALIFORNIA, BERKELEY OFFICE OF RISK SERVICES

2111 BANCROFT WAY, SUITE 317 MAIL CODE 1120 PHONE: (510) 642-5141 FAX: (510) 643-0281

EMAIL: risk@berkeley.edu

## PROPERTY LOSS REPORT

Email, fax or send completed report to Office of Risk Services Fill in all applicable blanks

1. Date of Loss:	Division:	_ Dept:	Date:		
2. Property Description:  Project Name:  Department Contact:  Name  Address  Phone Property #  Serial#  Estimated Value \$  3. Cause of Loss/ Damage:  4. Was someone else responsible for this damage? Please include name and contact information:  5. Action Requested: [] Repair  [] Replacement  [] Only Report  Estimated Cost \$  6. Documents Required: [] Photographs  [] Service Report  [] Police Report  a. If repairing: [] Repair estimate  b. If replacing: [] Original purchase order  [] Replacement quote  7. Police Agency, if reported:  Police Report #  [] Fund]-[Dept]-[ID]-[Prog]- (etc)	1. Date of Loss:	Time:			
Project Name:	Location of Loss:				
Department Contact: Name   Address   Phone   Property #   Serial#   Estimated Value \$	2. Property Description:				
Name Address Phone Property # Serial# Estimated Value \$  3. Cause of Loss/ Damage:  4. Was someone else responsible for this damage? Please include name and contact information:  5. Action Requested: [] Repair	Project Name:	Project Number:			
Property # Serial# Estimated Value \$					
3. Cause of Loss/ Damage:  4. Was someone else responsible for this damage? Please include name and contact information:  5. Action Requested: [] Repair [] Replacement [] Only Report Estimated Cost \$	Nar	ne	Address	Phone	
4. Was someone else responsible for this damage? Please include name and contact information:  5. Action Requested : [] Repair	Property #	Serial#	Estimated Value \$		
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[Fund]-[Dept]-[ID]-[Prog]- (etc)	7. Police Agency, if reported:		Police Report #		
	Department Name and Account #				
O. Loss/Damage Reported by: Title		•			
	A. Loss/Damage Reported by:		Title		
11. Additional Comments:	11. Additional Comments:				