

LOST OR DAMAGED EQUIPMENT OR PROPERTY

GENERAL	Building or Facility		Date of Report		
	Address		Estimated Date of Occurrence		
	City	Zip	Estimated Time of Occurrence		
	Contact Person		Phone Number		
INCIDENT	Type of Accident (Check one) <input type="checkbox"/> Fire <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Other		Injuries Involved (If yes, complete personal injury form) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Persons Involved - Give name, phone number, & how involved/relationship to accident				
	_____ _____ _____				
PROPERTY	Item	Serial #	Date Acquired	Original Cost	Repair/Replacement Cost
ACTION TAKEN	Was incident reported to Police / Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Reported By (Name)	
	Did Police investigate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Name of Police Department Investigating incident	
	Did you receive a copy of their report? (Attach copy of police/fire report) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Report Attached			Name & phone number of investigating Officer	
	Give description of incident / cause				
	_____ _____ _____				
SIGN	Report Prepared By (Name & Title - Print)			Telephone No.	
	Complete and forward to Trust Office immediately: <i>Middle Cities Risk Management Trust, 1770 E. Grand River, Suite 300, East Lansing, Michigan 48823</i>				