

DESERT SANDS USD PROPERTY DAMAGE FORM

(Attorney/Client work product privilege: This report is to be completed by a school site/department employee. This form is a confidential, internal, document; its contents are not to be shared or copied for any persons who are not school district employees and/or district legal representatives.)

SITE/DEPARMENT

Name: _____

Address: _____

Date of Loss: _____

SITE/DEPARTMENTCONTACT

Name: _____

Title: _____

Phone: _____

Time: _____ a.m. p.m.

LOSS LOCATION

Room/Building _____

Address: _____

Site Contact: _____

Phone: _____

Type of Loss: Fire Theft Lightning Hail Flood Wind

Vehicle* Other (Explain) _____

Was the property under construction at time of loss? Y N

Detailed description of loss & damage (Include make, model, and/or serial number): _____

(Attach additional sheet(s) if necessary)

Repair estimate is attached _____

Repair estimate will be forwarded _____

Witnesses/Suspects: _____

Police or Fire Department to which loss was reported: _____

Report # _____

Was DSUSD Security notified: _____ No _____ Yes Date reported _____

Completed by: _____ Date: _____

*For District vehicle accidents: Complete SCR Accident Report and send to Risk Management.

Email/Send/Fax completed form to:
Risk Management
Attn: Barbara Sasser, Director
Email: barbara.sasser@desertsands.us
Fax: 760 771-8547