

RISK RELATED ACTIVITIES

DISTRICT PROPERTY LOSS CLAIM FORM

1115 N EL PASO ST COLORADO SPRINGS CO. 80903 PH 719-520-2398

PLEASE FORWARD TO RISK MANAGEMENT WITHIN 24 HOURS. **FAX 719-520-2383**

| | |
|--|---|
| BASIC INFORMATION | |
| School/Department | Date/Time of Incident |
| Principal/Department | Discovered By |
| Police Report # | District Work Order # |
| WHERE DID THE ACCIDENT HAPPEN? | |
| Outside: <input type="checkbox"/> | Inside: <input type="checkbox"/> |
| Which Building _____ | Location _____ |
| _____ | _____ |
| Northside <input type="checkbox"/> | _____ |
| Southside <input type="checkbox"/> | _____ |
| Eastside <input type="checkbox"/> | _____ |
| Westside <input type="checkbox"/> | _____ |
| WHAT HAPPENED? (DETAILED DESCRIPTION OF ACCIDENT) | |
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| CAUSE | DAMAGE |
| Vandalism <input type="checkbox"/> | Glass <input type="checkbox"/> |
| Theft <input type="checkbox"/> | Graffiti <input type="checkbox"/> |
| Hail <input type="checkbox"/> | Doors: <input type="checkbox"/> |
| Wind <input type="checkbox"/> | Inside <input type="checkbox"/> |
| Water <input type="checkbox"/> | Outside <input type="checkbox"/> |
| Lightning <input type="checkbox"/> | Wall <input type="checkbox"/> |
| Fire <input type="checkbox"/> | Carpet <input type="checkbox"/> |
| Falling Object <input type="checkbox"/> | Ceiling <input type="checkbox"/> |
| Hit by Vehicle <input type="checkbox"/> | Roof <input type="checkbox"/> |
| Boiler/HVAC Malfunction <input type="checkbox"/> | Tile <input type="checkbox"/> |
| Other Cause– describe <input type="checkbox"/> | HVAC <input type="checkbox"/> |
| _____ | Playground Equipment <input type="checkbox"/> |
| _____ | Shrubs/Grounds <input type="checkbox"/> |
| _____ | AV Equipment <input type="checkbox"/> |
| _____ | Computer Equipment <input type="checkbox"/> |
| _____ | Classroom Furniture <input type="checkbox"/> |
| _____ | Bank Equipment <input type="checkbox"/> |
| _____ | Sports Equipment <input type="checkbox"/> |
| _____ | Personal Property Authorized <input type="checkbox"/> |
| _____ | for use on the job |
| _____ | Other – Damage describe <input type="checkbox"/> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| For restitution, IF KNOWN, please include responsible student(s) or other person(s) name, address, phone and responsible party. | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| Reporting PROCEDURE: Principal or building manager should: | Please contact Risk Management if there are any questions. |
| <ol style="list-style-type: none"> CALL loss or damage to Facilities to set up work order – extension #76000 CALL loss or damage to Police Department and obtain a Report # CALL loss or damage to District 11 Security – extension #02287 CALL loss or damage to Risk Management – extension #02398 | |
| PERSON REPORTING ACCIDENT'S SIGNATURE | DATE |
| PRINCIPAL'S SIGNATURE | DATE |

For more information visit: <http://www.cssd11.k12.co.us/business/risk/d11.html>