

PROPERTY LOSS REPORT
Transylvania County Schools

School Name: _____

Contact Name: _____

Phone Number: _____

Date and time loss occurred: _____

Room or area where accident occurred: _____

| Nature of loss (X) | | |
|--|------------------------------------|--------------------------------|
| <input type="checkbox"/> Fire | <input type="checkbox"/> Lightning | <input type="checkbox"/> Flood |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Hail | <input type="checkbox"/> Wind |
| <input type="checkbox"/> Snow | <input type="checkbox"/> Accident | |
| <input type="checkbox"/> Other (specify) _____ | | |

Description of loss or damage (use separate sheet if necessary): Please describe damage to buildings or other real property. Were supplies, equipment, books, personal belongings lost or damaged?

Public safety authority to which loss was reported:

Is video evidence available (Y or N)? _____

Was anyone injured (Y or N)? _____

If so, specify who was injured and type of injuries sustained:

Was injured party transported to the hospital or doctor for treatment (Y or N)? _____

School Representative

Date