STATE OF HAWAII
REPORT OF LOSS OR DAMAGE OF STATE PROPERTY
(Risk Management)

DEPARTMENT: ________________________________

UNIT/SCHOOL: ________________________________

1. TYPE OF LOSS ( ): Theft _______ Fire/Arson _______ Vandalism _______
   Storm _______ Other _______ (Specify)

2. DATE INCIDENT DISCOVERED ________________________ TIME ________ A.M./P.M.

3. DATE INCIDENT OCCURRED ________________________ TIME ________ A.M./P.M.

4. HOW WAS LOSS DISCOVERED? ________________________________
   ____________________________________________________________
   ____________________________________________________________

5. WHO DISCOVERED LOSS? ________________________________ TITLE ______________________
   ____________________________________________________________
   ____________________________________________________________

6. WHO IS RESPONSIBLE FOR PROPERTY? ________________________ TITLE ______________________
   ____________________________________________________________
   ____________________________________________________________

7. AMOUNT OF LOSS $ ______________________

ATTACH A COPY OF THE DETAIL INVENTORY OF PROPERTY REPORT OR OTHER DOCUMENTS AND INDICATE
THE ITEMS THAT ARE INVOLVED IN THE LOSS. IN ADDITION, INDICATE NEXT TO EACH ITEM THE
BUILDING AND ROOM NUMBER WHERE THE PROPERTY WAS LOCATED, IF APPLICABLE. NOTE: THIS ITEM
MUST BE COMPLIED WITH IN ORDER TO VERIFY EXISTENCE OF THE PROPERTY.

8. IF CRIME SUSPECTED:
   a. WHERE ENTRY MADE ______________________ MANNER __________________
      (Building & room number) (window/door/louvre/etc.)
   b. SECURITY ______________________ TYPE OF SYSTEM __________________
      (Fire/burglar/patrol/etc.) (Window/gate/alarm/lights/etc.)
   c. INCIDENT REPORTED TO LOCAL POLICE: NAME ______________________
      BADGE NUMBER _______ STATION ______________________
      DATE ______________________ TIME ______________________

9. OTHER PERTINENT INFORMATION ________________________________
   ____________________________________________________________
   ____________________________________________________________

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

__________________________________________
Signature

__________________________________________
Phone No.

__________________________________________
Date
STATE OF HAWAII

SUPERVISOR'S REPORT OF LOSS OR DAMAGE OF STATE PROPERTY
(Risk Management)

GENERAL DESCRIPTION OF PROPERTY LOST OR DAMAGED:

BUILDING & ROOM NO. ________________________ $ __________ TOTAL

WHAT ACTS, FAILURE TO ACT AND/OR CONDITIONS CONTRIBUTED MOST DIRECTLY TO THE LOSS?

WHAT ARE THE BASIC OR FUNDAMENTAL REASONS FOR THE EXISTENCE OF THESE ACTS AND/OR CONDITIONS?

EVALUATION

LOSS SEVERITY POTENTIAL: PROBABLE RECURRENCE RATE:

☐ MAJOR ☐ SERIOUS ☐ MINOR ☐ FREQUENT ☐ OCCASIONAL ☐ RARE

WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE? LIST ALL ACTIONS IN ORDER.

1.

2.

3.

4.

GIVE DATE OF IMMEDIATE ACTION TAKEN. GIVE DATE WHEN ACTION COMPLETED.

IMMEDIATE ACTION 1. ________ 2. ________ 3. ________ 4. ________

ACTION COMPLETED 1. ________ 2. ________ 3. ________ 4. ________

INVESTIGATED BY: ________________________

SUPERVISOR DATE PHONE #

REVIEWED BY: ________________________

RISK MGMT. COORDINATOR DATE PHONE #

NOTE: IN ORDER TO RECEIVE REIMBURSEMENT, PARTS 1, 2 AND 3 MUST BE COMPLETED.
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* From Part 2 - Prevention

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