

Salem State University

Report of Equipment Theft, Loss or Damage

This form shall be used in all cases of theft, loss or damage to university owned equipment including damage to a vehicle from a motor vehicle traffic accident. Complete and submit this form to the Office of the General Counsel and VP for Administration, rcolucci@salemstate.edu and galfred@salemstate.edu.

Type of Report <input type="checkbox"/> Theft <input type="checkbox"/> Loss <input type="checkbox"/> Damage					Reporting Department		Date of Report	
Date of Theft // Loss // Damage		Time of Theft // Loss // Damage			Weather Conditions <input type="checkbox"/> N/A			
Place Where Damage //Theft // Loss Occurred					City/Town			
Type or Description of Equipment (If funds then simply provide dollar amount)					Inventory Tag # <input type="checkbox"/> N/A			
If Vehicle, Enter Reg. No.		Make	Model	Year		Mileage		
Person Equipment Was Assigned To Or Was In Custody Of					University Equipment Was Assigned To			
Was Confidential Information Contained in the Stolen/Lost/Damaged Item								
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
Theft // Loss // Damage Was								
<input type="checkbox"/> Attended <input type="checkbox"/> Unattended <input type="checkbox"/> Accidental <input type="checkbox"/> Preventable <input type="checkbox"/> Spontaneous <input type="checkbox"/> Intentional								
Nature of Damage				Estimate Cost of <input type="checkbox"/> Repair <input type="checkbox"/> Replacement				
How Damage Occurred (attach additional pages or copy of a police if required)								
If Intentional, Provide Name and Address of Responsible Person (if known)								
Name(s) of Witnesses								
Reported To: <input type="checkbox"/> University Police <input type="checkbox"/> Local Police <input type="checkbox"/> Both Please attach a copy of the police report if available.					At (Date & Time)			
Reported By					Investigated By			
Recommendations of Department Head								
Signature of Assignee or Custodian					Signature of Department Head		Date	
Recommendation/Approval of VP/General Counsel or designee								
Signature					Date			