

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 <i>(If funds then simply provide dollar amount)</i>				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		

P A R T 1	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 <i>(attach additional pages or copy of a police if required)</i>				
	If Intentional, Provide Name and Address of Responsible Person <i>(if known)</i>				
	Name(s) of Witnesses				

P A R T 2	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 <i>(Date & Time)</i>	
	Reported By		Investigated By	
	Recommendations of Department Head			
	Signature of Assignee or Custodian		Signature of Department Head	Date

P A R T 3	Recommendation/Approval of VP/General Counsel or designee			
	Signature		Date	