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# UNIVERSITY OF WISCONSIN-MILWAUKEE

## PROPERTY LOSS REPORT

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Initial Claim Date:

Reported By:

**CODE #**

**NAME** (Unit/Division/Department)

**ACCOUNT**

**FUND**

**ORGANIZATION**

**Building Name:**

**Date:**

**Time:**

A.M.

P.M.

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<b>ITEMS LOST:</b>	<b>UW ID/CODE</b>	<b>DESCRIPTION (Name, Model, Serial #)</b>	<b>YEAR ACQUIRED</b>	<b>ORIGINAL COST</b>
1.				
2.				
3.				
4.				
5.				

**Cause of Loss/Details:**

**IF FIRE:** Which fire department attended?

**WERE POLICE NOTIFIED: YES\* NO\*\* IF SO, DATE NOTIFIED:**

**(NOTE:** Police must be notified if theft, property damage, vehicle accident or 3<sup>rd</sup>-party liability claim)

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**INDIVIDUAL RESPONSIBLE:** Name \_\_\_\_\_ Classification: \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Was he/she identified? YES\* NO\*\*

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**ESTIMATE OF DAMAGE:** Total loss? YES\* NO\*\* Any Salvage? YES\* NO\*\*  
Estimate of Loss \$ \_\_\_\_\_ Estimate of Salvage? \_\_\_\_\_  
Estimate Made by: \_\_\_\_\_ Estimate Repair Time: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Person Filing Report

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Date of Report

**SEND TO: UWM Risk Management, P.O. Box 413, Engelmann Hall, Room 270, Milwaukee, WI 53201-0413**  
Form 200/a.4 Revised 6/06