

(Staff contacted fills this section out)

Name: _____ District ID# _____ Today's Date: _____

Were pictures taken, if yes did they get attached to paperwork? _____

If items were stolen, was a police report made? **Yes** **No** If yes, what is police number: _____

If item had a serial number, what is serial number _____

What do you believe the cause of the damaged equipment was? _____

Recommendations to prevent further damage to equipment: _____

Staff officer Signature: _____ Date: _____

Chief Officer Comments

180: _____ **181:** _____ **182:** _____ **183:** _____ **187:** _____

Date: _____ **Date:** _____ **Date:** _____ **Date:** _____ **Date:** _____