



COMPONENT NAME: _____

DATE REPORTED: _____

LOSS REPORT FOR: _____

PROPERTY EQUIPMENT BREAKDOWN TERRORISM

LOCATION INFORMATION

NAME OF LOCATION: _____ LOCATION CODE (if applicable): _____

BUILDING NAME: _____

CONTACT PERSON (at location): _____ PHONE: _____ EMAIL: _____

**OTHER PARTY INVOLVED
(IF APPLICABLE)**

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY & STATE: _____

HOME PHONE: _____ WORK PHONE: _____

NOTE: If there are additional parties, use a separate page to provide all contact information.

INCIDENT INFORMATION

DATE/TIME OF INCIDENT: _____ AM PM ADDRESS WHERE INCIDENT OCCURRED: _____ CITY & STATE: _____

TYPE OF LOSS: FIRE THEFT LIGHTNING HAIL FLOOD WIND OTHER: _____

DESCRIBE INJURY OR DAMAGE: _____

BRIEF DESCRIPTION OF INCIDENT INVOLVING PROPERTY DAMAGE / INJURY AND CAUSE OF LOSS: _____

ACTION TAKEN TO PROTECT DAMAGED PROPERTY (USE AN ATTACHMENT IF NEEDED): _____

ESTIMATE OF ENTIRE LOSS: _____ LOCATION OF DAMAGED PROPERTY: _____

NOTE: Attach loss photos with report. Use an attachment if needed.

**WITNESS INFORMATION
(IF APPLICABLE)**

WITNESS NAME: _____ EMAIL: _____

ADDRESS: _____ CITY & STATE: _____

HOME PHONE: _____ WORK PHONE: _____

NOTE: If there are additional witnesses, use a separate page to provide all witness contact information.

REPORT INFORMATION

POLICE CONTACTED? YES NO REPORT NUMBER: _____

INCIDENT REPORTED BY: _____ DEPARTMENT/TITLE: _____

PLEASE SEND COMPLETED LOSS NOTICE TO:

Office of EHS & Risk Management | Email: ehs_riskmanagement@lamar.edu

Otho Plummer Administrative Building/Office 101
P.O. Box 10807 Beaumont, TX 77710 OFFICE: (409) 880-7115 FAX: (409) 880-7977