

**Loss Report:**

**Personal Injury or theft/damage of State property**

*Please report to the Business Office within 72 hours of incident\*.*

Person Completing Form: _____	Department: _____
Phone Number: _____	Email Address: _____

Where Incident Occurred: _____	Address/City: _____	
Date of Incident: _____	Time of Incident: _____	
	AM/ PM	
First responders/: 1) _____	Phone Number: _____	State Employee: <input type="checkbox"/>
Witnesses		
2) _____	Phone Number: _____	State Employee: <input type="checkbox"/>
If Injury, describe: _____		
_____		
<i>Treatment:</i> <input type="checkbox"/> None <input type="checkbox"/> First-Aid Only <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital		

**Describe incident fully:**

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**If damage or theft of State property, complete the following:**

- Estimated theft/damage to State property: \$ \_\_\_\_\_
- Police Report (*required if theft is involved; attach to this report*)
- 2 written replacement quotes (*attach to this report*)
- Copy of original invoice for stolen item(s) (*attach to this report*)
- PSU Inventory Tag(s): \_\_\_\_\_ (*if over \$2,500*)
- PSU/Facilities Project Number: \_\_\_\_\_ (*if applicable*)

**If auto accident, complete the following:**

- Make/Model/Year: \_\_\_\_\_
- License Plate: \_\_\_\_\_
- Department of Motor Vehicles Report (*attach*)
- Pictures of accident (*may be emailed*)
- Vehicle Identification Number (VIN): \_\_\_\_\_

*\* When completed, submit this report to the Business Affairs Office (mail code: BAO); Neuberger Hall, room 167. If you have questions, contact Dan Spero at 503-725-3441 (dspero@pdx.edu).*