

# LOSS OF STATE PROPERTY REPORT

Date of Incident:	Name: First	Name: Last	Reporting Agency:	Asset Number:	Barcode Number:
Asset Acquisition Cost: \$	Disposition: (circle one) Lost Stolen Destroyed		Asset Acquisition Date:	Serial/VIN #:	
Make/Model/Year	Item Description:		Person Responsible:		
Last known location:			Explanation of circumstance resulting in loss of property: (attach additional sheet if necessary)		
Cause and corrective action taken or to be taken to prevent recurrence in the future:					
Write a statement explaining if the property did or did not contain sensitive data or toxic/hazardous material and if the appropriate agencies and authorities were notified (if applicable):					
Pursuant to the Code of Alabama 1975, Section 36-16-8, I will be held accountable for these items in the event of any shortages.					
Signature of Employee Responsible*:				Date:	
(*If employee is not available or unable to sign, supervisor/manager should list reason in this box.)					
List of all supporting documentation: (check all that apply)					
Attachment 1: Statement from Employee Responsible _____					
Attachment 2: Police/Accident/Fire/Incident Report _____					
Attachment 3: Insurance Documentation (if applicable) _____					
<b>This Section to be Completed by Supervisor/Manager or Agency Director:</b>					
<input type="checkbox"/> The loss of State property did not result in the negligence of the employee(s); therefore, employee is released from liability of property loss.			<input type="checkbox"/> The loss of State property <u>did</u> result due to the negligence of the employee(s); therefore, employee is liable for loss of property. The case will be forwarded to agency officials to determine if further actions, including disciplinary actions, are to be taken against the employee responsible.		
Signature of Supervisor/Manager/Director:			Date:		
<b>This Section to be Completed by Agency Property Manager:</b>					
Signature of Property Manager: (The necessary action and forms have been submitted to remove property from inventory.)			Date:		
Will the Agency receive any compensation covering the loss of State Property (e.g. Insurance proceeds; Reimbursement from Employee, Contractor, or Vendor, etc., at replacement cost or depreciated value)? Yes _____ No _____					
If Yes, please list source and amount:					