## **DISTRICT PROPERTY**NOTIFICATION OF LOSS

This form is to be used for <u>Los Angeles Unified School District restitution only</u>. Please note, do not use this form for losses involving <u>employee property</u>. Contact the Employee Reimbursement Program at (213)-241-3130. Please forward completed form to address below.

**Restitution Unit** 

TO:

| SCHOOL MA                   | Division of Risk Management/Insurance Services Los Angeles Unified School District 333 So. Beaudry Avenue, 28 <sup>th</sup> Floor Los Angeles, CA 90017 Tel: (213) 241-3127 Fax: (213) 241-8993 AIL: Division of Risk Management/Insurance Services 28 <sup>th</sup> Fl, Beaudry Bldg. Attn: Restitution Unit |  |  |
|-----------------------------|---|--|--|
|                             | DATE:   |  |  |
| 1) Date of Los              | SES:  |  |  |
| 3) Offense:<br>(Circle One) | Automobile Accident (Complete and return attached vehicle Accident Report)  Arson  Breach of Contract  Employee Overpayment/Reimbursement  Food Services  Fraud/Embezzlement  Theft/Burglary  Vandalism  Other:   |  |  |
| 4) Description              | of Incident/Loss:   |  |  |
| 5) Amount of                | Loss:   |  |  |
| 6) Offending I              | Party (person who committed offense):   |  |  |
| Name:                       |   |  |  |
| Addres                      |   |  |  |

| ) continued                  |  |  |
|------------------------------|--|--|
| Phone #: (Home)              | (Work)                                     |  |
| Employee #:                  | Social Security #:                         | Date of Birth:                           |
| Responsible Party (person re | esponsible for reimbursement, if different | ence than offending party, e.g. parent): |
| Name:                        |  |  |
| Address:                     |  |  |
| Phone#: (Home):              | (Work):                                    |  |
| Social Security #:           | Date of B                                  | Birth:                                   |
| Investigating Agency (ies):  | (School Police, LAPD, CHP, Sheriff)        |  |
| Agency:                      |  |  |
| Investigating Officer: _     |  |  |
| Address/phone#:              |  |  |
| Report #:                    |  |  |
| Other Pertinent Information  | :  |  |
|                              |  |  |

On cases involving students, please inform the parents that someone from LAUSD Collections Unit will be contacting them to make arrangements for reimbursement of the loss. On all cases, any inquiries or payments from offending party, employee, student and/or parent/guardian should be directed to the Restitution Unit for handling.