



DEPARTMENT OF INSURANCE & RISK MANAGEMENT
COUNTY OF SUMMIT
175 S. MAIN STREET, ROOM #103
AKRON, OHIO 44308
330.643.2823 ♦ FAX: 330.643.7746

MISSING OR STOLEN PROPERTY REPORT

CLAIM NUMBER

THIS IS A CONFIDENTIAL INTERNAL DOCUMENT

NAME OF DEPARTMENT/OFFICE		DATE OF LOSS (YEAR/MONTH/DAY)	
PLACE OF OCCURRENCE ADDRESS		ROOM/FLOOR	CITY
POLICE AGENCY NOTIFIED	POLICE REPORT NUMBER (ATTACH REPORT)	ESTIMATED VALUE AT DATE OF LOSS	

DESCRIPTION	LOCATION	SERIAL NUMBER(S)	PURCHASE DATE	PURCHASE VALUE

PERSON(S) RESPONSIBLE FOR PROPERTY	DEPARTMENT/OFFICE MANAGER	PHONE NUMBER
REPORT IN DETAIL (INCLUDING WHAT SECURITY MEASURES WERE IN PLACE AT THE TIME.)		
NAME/TITLE OF EMPLOYEE COMPLETING THIS REPORT SIGN HERE ►		PHONE
PRINT NAME/TITLE		DEPARTMENT/OFFICE

THIS FORM MUST BE COMPLETED AND SUBMITTED WITHIN 24-HOURS OF INCIDENT TO THE DIRECTOR OF THE DEPARTMENT OF INSURANCE & RISK MANAGEMENT