REPORT OF LOSS OR DAMAGE TO STATE OWNED REAL AND PERSONAL PROPERTY (OTHER THAN MOTOR VEHICLES) CO-853 REV. 7/2007

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
55 ELM STREET
HARTFORD, CT 06106-1775
www.osc.state.ct.us

DATE OF LOSS

AGENCY BUSINESS UNIT

INSTRUCTIONS:

1. USE THIS FORM TO REPORT ALL LOSSES OR DAMAGE TO STATE OWNED REAL AND PERSONAL PROPERTY (OTHER THAN MOTOR VEHICLES) PERTAINING TO THEFT, VANDALISM, CRIMINAL OR MALICIOUS DAMAGE, LOST OR MISPLACED FUNDS. NOTIFY STATE POLICE, OR SECURITY DIVISION.

2. PREPARE IN QUADRUPLICATE (4). AND IMMEDIATELY FORWARD ORIGINAL TO THE OFFICE OF THE STATE COMPTROLLER-FISCAL POLICY DIVISION. ONE COPY TO THE AUDITORS OF PUBLIC ACCOUNTS, ONE COPY TO INSURANCE AND RISK MANAGEMENT AND RETAIN ONE COPY FOR YOUR FILE.

AGENCY NAME AND ADDRESS

LOCATION OF PROPERTY PERTAINING TO LOSS

BRIEF DESCRIPTION OF PROPERTY LOSS OR DAMAGE

CAUSE OF LOSS

REPLACEMENT VALUE *(Make the necessary adjustments to your property control records as required)*

1) **DATE PURCHASED OR RECEIVED:**

2) **VALUE REPORTED ON THE ANNUAL INVENTORY REPORT TO THE COMPTROLLER (CO-59):** $

3) **DEPRECIATED VALUE:** $

SECURITY *(indicate by placing & checkmark in the appropriate block)*

☐ **ADEQUATE** ☐ **INADEQUATE**

WHAT STEPS HAVE BEEN TAKEN WITHIN YOUR AGENCY TO PREVENT A RECURRENCE? EXPLAIN:

MISCELLANEOUS *(If loss or damage was not reported immediately, indicate reason for delay.)*

PRINT OR TYPE NAME OF INDIVIDUAL TO BE CONTACTED RELATIVE TO LOSS.	AREA CODE TELEPHONE NUMBER ( )
AUTHORIZED SIGNATURE	DATE

DISTRIBUTION: ORIGINAL - OSC FISCAL POLICY DIVISION COPY - AUDITORS OF PUBLIC ACCOUNTS COPY - INSURANCE & RISK MANAGEMENT COPY - AGENCY

FOR COMPTROLLER'S USE ONLY