



PERSONAL PROPERTY CLAIM INVESTIGATION REPORT

Completed by Tort Claims manager

_____ Tort claim number	_____ Claimant	_____ DOC number
_____ Date assigned	_____ Claims manager/investigator	_____ Facility
_____ Date of loss	_____ Location of loss	\$ _____ Amount claimed

Description of items:

Description of events:

Recommendation and reason:

\$ _____
Amount authorized

_____ Superintendent/Reentry Center Administrator	 _____ Signature	_____ Date
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The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Tort Claims manager **COPY** - DES Risk Management Division