PERSONAL PROPERTY CLAIM
INVESTIGATION REPORT

Completed by Tort Claims manager

<table>
<thead>
<tr>
<th>Tort claim number</th>
<th>Claimant</th>
<th>DOC number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date assigned</td>
<td>Claims manager/investigator</td>
<td>Facility</td>
</tr>
<tr>
<td>Date of loss</td>
<td>Location of loss</td>
<td>$ Amount claimed</td>
</tr>
</tbody>
</table>

Description of items:

Description of events:

Recommendation and reason:

$ Amount authorized

Superintendent/Reentry Center Administrator  Signature  Date

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.

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