

BUILDING AND / OR EQUIPMENT LOSS REPORT

Wisconsin Department of Transportation

DT1690 11/2014

Send a copy of this completed form to: Inter-D, WisDOT, Risk Management Unit,
4802 Sheboygan Ave. Rm. 751, Madison, WI 53705

Current Date (m/d/yyyy)	Division	Occurrence Date (m/d/yyyy)	City/County
Reference <input type="checkbox"/> Vandalism <input type="checkbox"/> Theft / Forcible Entry <input type="checkbox"/> Other		To / Of <input type="checkbox"/> Vehicle <input type="checkbox"/> Building <input type="checkbox"/> Equipment	
Exact Location:			
Vandalism or Other – Describe nature and extent of damages:			
Theft – Describe stolen item(s) completely, including serial and/or other identifying numbers:			

Amount of Damage to Vandalized/Damaged Property: \$ _____

Values of Stolen Property:

INVENTORY ORIGINAL COST

INVENTORY ADJUSTED VALUE

Item 1: \$ _____ Item 1: \$ _____

Item 2: \$ _____ Item 2: \$ _____

Item 3: \$ _____ Item 3: \$ _____

Total loss (property damage & inventory adjusted value): \$ _____

Submit a copy of the item's purchase order or proof of purchase

DOT Employee completing form: _____ Phone: _____