**Missing, Stolen or Vandalized Property**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dept./Sub-Dept.Code: | | |  | | | | | | Date: |  | |
| Asset #: | | |  | | | | | | Serial #: |  | |
| Asset Description: | | |  | | | | | | | | |
| Acquisition Cost: | | |  | | | | | Acquisition Date: | |  | |
| Date of Discovery: |  | | | | Condition (check):  Excellent  Good  Fair  Poor | | | | | | |
| Name(s) of last person(s) in custody of asset: | | | | | |  | | | | | |
| Circumstances regarding property (check): | | | | | | Missing  Stolen  Vandalized | | | | | |
| Please explain: | |  | | | | | | | | | |
| **If Stolen: Police incident report must be attached.** | | | | | | | | | | | |
| **If Missing: The following investigative steps must be completed:** | | | | | | | | | | | **Note Date Completed** |
| * Physical search of last known location and surrounding area. | | | | | | | | | | |  |
| * Question last person(s) in custody of asset. | | | | | | | | | | |  |
| * Follow up on any leads. If informed that asset was transferred to another department, then contact department and attempt to confirm transfer. | | | | | | | | | | |  |
| * APO/AAPO contacts departmental employees to solicit aid in searching for asset and takes corrective actions to more fully secure assets.   **(Attach documentation.)** | | | | | | | | | | |  |
| **Signature of APO/AAPO:** | | | | | | | | | | | **Date:** |
| **Associate Director Certification (*Please check appropriate box*):** | | | | | | | | | | | |
| Our investigation to determine whether the loss, destruction, or damage to this property was through negligence of the person(s) charged with the care and custody of it determined: | | | | | | | Negligence  No Negligence  Unable to Determine | | | | |
| **Signature of Associate Director:** | | | | | | | | | | | **Date:** |
| **If Recovered: Complete this section and forward to Texas A&M Forest Service Property Manager.** | | | | | | | | | | | |
| **Location:** | | | | **Bldg #:** | | | **Room:** | | | | **Group:** |
| **Signature of APO/AAPO:** | | | | | | | | | | | **Date:** |