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# Vehicle -Theft/Vandalism Report

**CONFIDENTIAL DOCUMENT**  
**For use by School District and CRMA only.**

School District Chowchilla High		School Site – Name and Address				
Time & Place	Date & Time of Loss:	Location of Accident:				
<b>District Vehicle</b>	Year	Make	Model	Vehicle No.	Vehicle ID No.	
	Name of District Driver:				Telephone:	
	Position:		Dept:			
	Police Notified?	Describe how theft/vandalism occurred:				
	Estimated cost of repair:	Description of damages:				
<b>Items Stolen</b>						
Prepared by:		Date & Time:		Signature:		