

Vehicle -Theft/Vandalism Report

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CONFIDENTIAL DOCUMENT For use by School District and CRMA only.

School District Alview-Dairyland			School Site – Name and Address					
Time & Place	Date & Time of Loss:		Location of Accident:					
	Year	Make	Model	Vehicle No.	Vehicle ID N	No.		
Name of District Driv			J				Telephone	
	Position:		Dept:					
District Vehicle			1					
	Police Notified? Describe how theft/vandalism occurred:							
	Estimated cost of repair:		Description of damages:					
Items Stolen								
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Prepared by:			Date & Time:		Signature:			
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