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Vehicle -Theft/Vandalism Report

CONFIDENTIAL DOCUMENT
For use by School District and CRMA only.

School District Chowchilla Union High		School Site – Name and Address			
Time & Place	Date & Time of Loss:	Location of Accident:			
District Vehicle	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:			
Items Stolen					
Prepared by:		Date & Time:		Signature:	