

Vehicle -Theft/Vandalism Report

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CONFIDENTIAL DOCUMENT For use by School District and CRMA only.

School District Corcoran Unified			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			er:			Telephone:		
	Position:		Dept:						
District Vehicle			1						
	Police Notified? Describe how theft/vandalism occurred:								
	Estimated cost of repair:		Description of damages:						
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Items Stolen									
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Prepared by:			Date & Time:		Signature:	Signature:			