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Vehicle -Theft/Vandalism Report

CONFIDENTIAL DOCUMENT
 For use by School District and CRMA only.

School District Golden Valley Unified		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:		