

## Vehicle -Theft/Vandalism Report

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

School District			School Site – Name and Address					
<b>River Island</b>	ls Acade	emies						
Time & Place	Date & Time of Loss:		Location of Accident:					
_	Year Make		Model Vehicle No. Vehicle ID No.					
	Name of [	District Drive	ir:				Telephone	:
Position:		Dept:						
District Vehicle				<u> </u>				
	Police Notified? Describe how theft/vandalism occurred:   Estimated cost of repair: Description of damages:							
Items Stolen								
			<u> </u>	1	1			
Prepared by:			Date & Time:		Signature:			