

Vehicle -Theft/Vandalism Report

CONFIDENTIAL DOCUMENT For use by School District and CRMA only.

School District			School Site – Name and Address					
Sherman Tl	10mas C	Charter						
Time & Place	Date & Time of Loss:		Location of Accident:					
	Year	Make	Model	Vehicle No.	Vehicle ID N	lo.		
	Name of [District Drive	er:				Telephone	:
Position:			Dept:		1			
District Vehicle								
	Police Notified? Describe how theft/vandalism occurred:							
	Estimated cost of Description of damages: repair:							
Items Stolen								
					_			
	L							
Prepared by:			Date & Time:		Signature:			