

Vehicle -Theft/Vandalism Report

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CONFIDENTIAL DOCUMENT For use by School District and CRMA only.

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School District Tracy Learning Center			School Site – Name and Address					
Time & Place	Date & Time of Loss:		Location of Accident:					
	Year	Make	Model	Vehicle No.	Vehicle ID N	lo.		
	Name of I	 District Drive	er:			Telephone:		
	Position:		Dept:		1			
District Vehicle								
	Police No	olice Notified? Describe how theft/vandalism occurred:						
	Estimated cost of Description of damages:							
	Estimated cost of repair: Description of damages:							
Items Stolen								
				<u> </u>				
Propared by:			Data & Time:		Signatura			
Prepared by:			Date & Time:		Signature:			