

Vehicle -Theft/Vandalism Report

CONFIDENTIAL DOCUMENT For use by School District and CRMA only.

School District Yosemite Unified			School Site – Name and Address						
Time & Place	Date & Time of Loss:		Location of Accident:						
Year Make			Model Vehicle No. Vehicle ID No.						
	Name of I	District Drive	er:				Telephone:		
	Position:		Dept:				_		
District Vehicle									
Items Stolen									
Prepared by:			Date & Time:		Signature:				
Fiepaleu by.					Signature.	Siyilalure.			