



# PROPERTY DAMAGE AND THEFT REPORT

SEND ORIGINAL REPORT TO DISTRICT  
SECRETARY TREASURER.  
Copies of this report are to go to:  
• Director, Purchasing and Facility  
Services  
• Coordinator of Youth Services  
• Your own records

School: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Name of Reporting Administrator: \_\_\_\_\_

Victim (Personal / School Board): \_\_\_\_\_ Insured:  yes  no

Address: \_\_\_\_\_  
\_\_\_\_\_

Type of incident:  vandalism  break and enter  theft  fire  attempted arson  bomb threat

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

List of damages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate total cost of damages: \$ \_\_\_\_\_

List of goods stolen:

- |          |                |                 |
|----------|----------------|-----------------|
| 1. _____ | Model #: _____ | Serial #: _____ |
| 2. _____ | Model #: _____ | Serial #: _____ |
| 3. _____ | Model #: _____ | Serial #: _____ |
| 4. _____ | Model #: _____ | Serial #: _____ |
| 5. _____ | Model #: _____ | Serial #: _____ |
| 6. _____ | Model #: _____ | Serial #: _____ |
| 7. _____ | Model #: _____ | Serial #: _____ |
| 8. _____ | Model #: _____ | Serial #: _____ |

(if necessary, attach additional pages)

Approximate total value of goods stolen: \$ \_\_\_\_\_

**ACTION TAKEN BY SCHOOL: ALL INCIDENTS REPORTED TO POLICE MUST HAVE FILE NUMBER RECORDED**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> R.C.M.P. notified        | <input type="checkbox"/> District Administration Office notified | <input type="checkbox"/> Parent notified        |
| <input type="checkbox"/> Fire Department notified | <input type="checkbox"/> Maintenance Services notified           | <input type="checkbox"/> Internal investigation |

Name of Investigating Officer (R.C.M.P. or Fire Department): \_\_\_\_\_ File #: \_\_\_\_\_

Suspects: Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

Information / Recommendations: \_\_\_\_\_  
\_\_\_\_\_

Requested replacement / repair on requisition number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only - Results:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_