



**PRIVATE VEHICLE DAMAGE
BTA Article B.7**

SEND ORIGINAL REPORT TO
MANAGER – FINANCIAL
SERVICES

Keep a copy of this report
for your records.

School: _____ Date of Report: _____

Location of Incident: _____

Teacher Claimant: _____ Name of Reporting Administrator: _____

Employee No.: _____ Insured: yes no

Home Address: _____

Signature of Teacher _____ Date _____

Please attach the following documentation:	
• Actual vehicle damage repair costs (invoice with proof of payment) or	Amount being claimed:
• Proof of insurance deductible paid in a successful insurance claim	\$ _____
• Police file number recorded when incident reported to the police	

ACTION TAKEN BY SCHOOL:

- RCMP notified & file # recorded
- District Administration Office notified
- Parent notified
- Fire Department notified
- Maintenance Services notified
- Internal investigation

Name of Investigating Officer (RCMP or Fire Department) _____ File #: _____

Suspects: Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Information/Recommendations: _____

Signature of Principal: _____ Date: _____

For office use only – results: