



INCIDENT REPORT
VANDALISM/THEFT /BREAK-IN /FIRE

DATE _____

SCHOOL SITE _____

REPORTED BY _____

DATE AND TIME DISCOVERED _____

IF POLICE WERE CALLED, PLEASE LIST CASE # AND CONTACT PERSON

DAMAGE ONLY

THEFT ONLY

DAMAGE AND THEFT

DESCRIBE BRIEFLY: _____

INCIDENT INVOLVES FUESD STUDENT(S), WHICH HAVE BEEN IDENTIFIED.

YES

PENDING INVESTIGATION.

IF PROPERTY LOSS IS EVIDENT, PLEASE DESCRIBE AND ESTIMATE COST:

| PROPERTY DESCRIPTION | SERIAL#/PROPERTY TAG ID | ESTIMATE COST |
|----------------------|-------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

WORK ORDER(S) SUBMITTED TO FACILITIES/DATE SUBMITTED:

W. O. # _____ DATE _____

W.O. # _____ DATE _____

PRINTED NAME OF PRINCIPAL/SUPERVISOR

SIGNATURE OF PRINCIPAL/SUPERVISOR

PLEASE FAX COPY: FACILITIES (760) 723-6712

RISK MANAGEMENT (760) 731-1352