

Exhibit

Theft, Building Damage, or Vehicle Accident Report

Date: _____

Name of School: _____

Date And Time of Incident: _____

Description of Incident: (Where, What, How): _____

Was Police Department Called: _____ Yes () No ()
(If yes, obtain and forward copy to Business Office)

Location: _____

Items Damaged & Estimated Value _____

Custodial Overtime Necessary to Clean Up: _____

If Vehicle Accident, Other Driver and Insurance Company: _____

(Signature)

[Submit Report to Business Office]

(September 1997)

