

No. _____

**CAPISTRANO UNIFIED SCHOOL DISTRICT
San Juan Capistrano**

VANDALISM/PROPERTY DAMAGE/BURGLARY/ARSON/THEFT REPORT

- Vandalism (destruction or malicious damage)
- Property Damage (accidental)
- Burglary (breaking and entering with intent to steal)
- Arson (purposely setting a fire)
- Theft (unlawful taking of property)

Date of Incident: _____

Time of Incident: _____

School: _____

Telephone: _____

Location: Building No. _____ Room No. _____ Other _____

Method of entry (do doors, windows, or locks indicate forced entry?): _____

Person who first reported incident: _____

Information regarding person/persons responsible (name, address, phone) _____

Investigating Officer: _____

Case No.: _____

Estimated Claim Amount: _____

DAMAGE TO BUILDINGS/GROUNDS	Work Order #	Labor-Hours	Labor-Cost	PR/PO#	Material Cost

DAMAGED OR STOLEN EQUIPMENT	Work Order #	Hours	Cost	PR/PO#	Material Cost

Date: _____

Authorized Signature: _____

Distribution:

White: Insurance (when originated)

Yellow: Insurance (with expenses)

Pink: Originator

Buildings/grounds loss:	\$
Equipment loss:	\$
TOTAL Loss	\$
Reimbursement	\$

FORM NO. B-36 (Revised 7-03)

100044