

SEGUIN INDEPENDENT SCHOOL DISTRICT
Property Damage / Theft Report
For School District Owned Property

Location (i.e. campus): _____ Building: _____

Room: _____ Date: _____ Time: _____ AM / PM

Police Notified _____ AM / PM on _____ Police Report #: _____

Report Submitted by: _____

Type of Occurrence:

- Vandalism Burglary / Theft Natural Disaster (lightning, rain, wind, etc.)

State nature of damage incurred and/or items stolen (include SISD tag number or serial number):

Action taken by campus / department: _____

Action taken by police: _____

Action taken by Maintenance: _____

Who discovered / reported incident? Name: _____ Job Title: _____

Description of incident (What Happened?): _____

Were there any contributing factors to the incident? (Doors unlocked, alarms not set, etc.): _____

Please list all witnesses (if any): _____

If incident involves theft, list all personnel and / or students with access to area: _____

Corrective action taken (What have you done or what do you recommend to prevent a similar incident?): _____

TO BE COMPLETED BY BUSINESS DEPARTMENT:

Value of items damaged/stolen:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Cost of repairs/replacements:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____