

SANTA MONICA UNIFIED SCHOOL DISTRICT

REPORT OF THEFT, ILLEGAL ENTRY WITH DAMAGE OR VANDALISM OF SCHOOL PROPERTY

Date and Time Incident Occurred	Location – Street Address	
Person Reporting Incident (First & Last Name)	Job Title and Work Site	Business Phone
Type of Property Taken or Damaged	Exact Location of Property on Premises (Classroom, lab, etc.)	
Describe below the circumstances of the theft or damage that occurred. Describe fully each item taken (brand, name, color, etc.). Give serial number, marks of identification. Provide actual cash value (estimated present market value) of each article and estimated total value of loss. Note separately the replacement cost if known.		
		Total Value \$ _____
Signature	Date	

**Please FAX the completed form to District Risk Management, (310) 452-3468**