

San Marino Unified School District

1665 West Drive
San Marino, CA 91108
(626) 299-7000

VANDALISM / ACCIDENTAL DAMAGE REPORT

Site \_\_\_\_\_ Date \_\_\_\_\_
Vandalism \_\_\_\_\_ Theft \_\_\_\_\_ Break-in \_\_\_\_\_ Fire \_\_\_\_\_ Other: \_\_\_\_\_
Time Discovered \_\_\_\_\_ Date Discovered \_\_\_\_\_ By Whom \_\_\_\_\_
Damage \_\_\_\_\_

Missing Items:
Description \_\_\_\_\_ Value \_\_\_\_\_
Description \_\_\_\_\_ Value \_\_\_\_\_
Description \_\_\_\_\_ Value \_\_\_\_\_
Description \_\_\_\_\_ Value \_\_\_\_\_

Notification to Police \_\_\_\_\_ Fire Department \_\_\_\_\_ Date Reported \_\_\_\_\_ Time \_\_\_\_\_
Name of Investigating Officer(s): \_\_\_\_\_
To be reimbursed, send bill to: \_\_\_\_\_

Site Administrator \_\_\_\_\_ Date \_\_\_\_\_ Assistant Superintendent-Business \_\_\_\_\_ Date \_\_\_\_\_

FOR BUSINESS OFFICE USE ONLY

MAINTENANCE DEPARTMENT
Labor: \_\_\_\_\_ Hours at \_\_\_\_\_ per hour Total Labor \_\_\_\_\_
PURCHASING DEPARTMENT
Materials to be Purchased
Quantity Description Cost P.O. / Vendor Account Number
Total Material Cost TOTAL COST OF DAMAGE
Bill sent by: \_\_\_\_\_ Date: \_\_\_\_\_
Date Reimbursement Received \_\_\_\_\_ By: \_\_\_\_\_
Account Number \_\_\_\_\_
DISPOSITION OF INSURANCE CLAIM:
Claim Filed \_\_\_\_\_ Date Filed \_\_\_\_\_ Settlement Amount \_\_\_\_\_ Settlement Date \_\_\_\_\_