

Vehicle Equipment Facility

ROCKLIN UNIFIED SCHOOL DISTRICT
INCIDENT REPORT (to be completed by Site)
 DAMAGE TO VEHICLE, EQUIPMENT, FACILITIES
 INCLUDING THEFT & VANDALISM

NAME OF PERSON REPORTING:	JOB TITLE:
SITE/DEPARTMENT:	
PHONE NUMBER:	

DESCRIPTION OF INCIDENT:

Location (Site/Building/Room):	
Date:	Time:
Security Camera Footage: Yes No If yes, please provide	
Police Notified: Yes No If yes, police report#	
List of Property Stolen (include asset #s):	
List of Property Damaged (include asset #s and attach photographs):	
Emergency Repairs Needed: Yes No	
Description of Any Injuries:	
Witness Names: 1.	2.
Additional Information/Comments:	
Site Administrator Name:	Date:
Site Administrator Signature:	

<p><i>For District Office Use:</i></p> <p>Date Received: _____</p> <p>Date Sent to SIG: _____</p>

Please send completed form to:
 Ann Inglis – ainglis@rocklinusd.org, cc: kcocuzzi@rocklinusd.org

 If repairs are needed, please cc Rolinda Christman
rchristman@rocklinusd.org