

**WILBUR CRESTON SCHOOL DISTRICTS
THEFT/LOSS AND VANDALISMA INCIDENT REPORT**

Date of Loss: _____ Time: _____ am pm Police Report#: _____

Contact Name: _____ Phone Number: _____

Location Where Loss Occurred: _____ Theft Loss Vandalism
(rm#, library, office, locker room, etc.)

Description of Incident:

Detailed Description of Items Being Reported

Description of Item	WSD ID#	Original Cost	Purchased By	Other Info

Notes:

Signature of person filing report: _____ Date: _____

Supervisor Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(If needed)