



PROPERTY DAMAGE INCIDENT REPORT FORM

Newhall School District
25375 Orchard Village Road
Valencia, CA 91355
Phone (661) 291-4000
Fax (661) 291-4001
www.newhallschooldistrict.net

REPORTER INFORMATION	Name	Site/Department	Job Title
	Signature		Date Report Completed
TIME & PLACE	Date of Incident	Time of Incident AM / PM	Location of Incident (Site)
	PREMISES Type of Premises <input type="checkbox"/> Classroom <input type="checkbox"/> Lobby/Entrance <input type="checkbox"/> Sidewalk/Street <input type="checkbox"/> Office <input type="checkbox"/> Playground/Play Structure <input type="checkbox"/> Parking Lot <input type="checkbox"/> Hallway Hardtops/Fields <input type="checkbox"/> Other: _____		
INCIDENT DESCRIPTION	Give a description of the incident and/or the type of damage. Be as specific as possible.		
POLICE REPORT	Police Notified: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which agency: _____ Officer Name: _____ Report #: _____		
WITNESSES	Were there any witnesses? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	NAME	CONTACT #	JOB TITLE, VOLUNTEER, ETC.

FOR OFFICE USE ONLY		
DATE	ACTION TAKEN	BY WHOM