

Schools Insurance Authority

P.O. Box 276710 | Sacramento, CA 95827-6710 | M: (916) 364-1281 F: (916) 362-0904

PROPERTY INCIDENT NOTICE

(FOR USE BY DISTRICT AND SIA ONLY -DISTRIBUTE ONLY TO DISTRICT AND SIA)

DISTRICT Name of School District:

Address:

Contact Person:

Phone#:

DATE / TIME

Date of Incident:

Time of Incident:

AM

PM

LOCATION

School Site:

Address:

Location Phone#:

Contact Person at Site:

DESCRIBE
ROOMS/AREA
INVOLVED

NOTIFIED

POLICE/FIRE

Which Agency?

CHP

Sheriff

Police

Fire

Paramedics

Badge Nbr:

Report Nbr:

ALARM
SYSTEM

Available?

Yes

No

Activated?

Yes

No

DESCRIBE/LIST
ITEMS STOLEN/
DAMAGED

WITNESSES:

Name:

Phone#:

Address:

Name:

Phone#:

Address:

Signature of Reporting Party

Date

Printed Full Name

PRESENTATION OF A FALSE CLAIM IS A FELONY