



PROPERTY INCIDENT NOTICE
(To Be Completed By District Employees ONLY)

District: Twin Rivers Unified School District 5115 Dudley Avenue, McClellan, CA 95652

Contact Person: Phone #: ()

Incident: Date of Incident Time of Incident : am / pm

Location

Location Phone #: () Contact Person:

Describe rooms/area involved:

Police/Fire Notified: (Circle one) CHP - Sheriff - Police - Fire - Paramedics

Officer Badge # Report #

Alarm System: Was a system available? Yes No Was the system activated? Yes No

Describe/list items stolen/damaged:

The Injury: Nature and extent of the injury:

Where was the injured person taken after the accident?

Description of incident:

Witnesses: Name: Phone #: () Address: Name: Phone #: () Address:

I Hereby Certify That the Foregoing is True to the Best of My Knowledge.

Name of Reporting Party: Signature: Date

PRESENTATION OF A FALSE CLAIM IS A FELONY