

Send original report to Supervisor, Accounting

Keep a copy of this report for your records

School: _____ Date of Report: _____
 Location of Incident: _____
 Teacher Claimant: _____ Employee No. _____ Insured: Yes No
 Home Address: _____
 Signature of Teacher: _____ Date: _____
 Details of damage: _____
 Name of Reporting Administrator: _____

Please attach the following documents:

- Actual vehicle damage repair costs (invoice with proof of payment)
- Proof of insurance deductible paid in a successful insurance claim
- Police file number issued when incident reported to the police

Amount Claimed:

\$ _____

ACTION TAKEN BY SCHOOL:

- | | | |
|---|---|---|
| <input type="checkbox"/> RCMP NOTIFIED & File No recorded | <input type="checkbox"/> District Admin Office notified | <input type="checkbox"/> Parent notified |
| <input type="checkbox"/> Fire Department notified | <input type="checkbox"/> Maintenance Services notified | <input type="checkbox"/> Internal investigation |

Name of Investigating Officer (RCMP/Fire Dept): _____ File No: _____

Suspects Name: _____ Address: _____
 Name: _____ Address: _____
 Name: _____ Address: _____

Information / Recommendations:

Signature of Principal: _____ Date: _____

For office use only – results: Account 1.102.39002.00.000