

Incident Report



*ADDITIONAL PERSON(S)/WITNESS(ES) INVOLVED IN INCIDENT		(room to record up to 2 witnesses)	
1). Last Name: _____		2). Last Name: _____	
First Name: _____		First Name: _____	
(Please tick appropriate boxes)		(Please tick appropriate boxes)	
<input type="checkbox"/> WITNESS <input type="checkbox"/> STUDENT <input type="checkbox"/> TEACHER <input type="checkbox"/> SUPERVISOR		<input type="checkbox"/> WITNESS <input type="checkbox"/> STUDENT <input type="checkbox"/> TEACHER <input type="checkbox"/> SUPERVISOR	
<input type="checkbox"/> EMPLOYEE-OTHER (explain) _____		<input type="checkbox"/> EMPLOYEE-OTHER (explain) _____	
<input type="checkbox"/> NON-EMPLOYEE (explain) _____		<input type="checkbox"/> NON-EMPLOYEE (explain) _____	
The section below to be completed only in the event of property and/or content damage or loss:			
FACILITY/CONTENTS DAMAGE/LOSS INFORMATION	*CAUSE OF LOSS/DAMAGE		PROPERTY TYPE
	<input type="checkbox"/> 3 rd Party Property Damage <input type="checkbox"/> Impact by Vehicle <input type="checkbox"/> Accidental Damage <input type="checkbox"/> Lost Property <input type="checkbox"/> Break & Enter/Forced Entry <input type="checkbox"/> Mechanical Breakdown <input type="checkbox"/> Collapse-Building <input type="checkbox"/> Theft-By Employee <input type="checkbox"/> Computer Mischief <input type="checkbox"/> Theft-From Vehicle <input type="checkbox"/> Computer misuse / <input type="checkbox"/> Theft-General Unauthorized use <input type="checkbox"/> Theft-No Forced Entry <input type="checkbox"/> Computer Virus <input type="checkbox"/> Vandalism <input type="checkbox"/> Falling Object <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Fire-Accidental <input type="checkbox"/> Water Damage-Other <input type="checkbox"/> Fire-Arson <input type="checkbox"/> Water Damage-Sewer <input type="checkbox"/> Fraud/Counterfeit <input type="checkbox"/> Weather/Natural Disaster		<input type="checkbox"/> Camera <input type="checkbox"/> Cash <input type="checkbox"/> Cell Phone <input type="checkbox"/> Computer Equipment <input type="checkbox"/> Electronics-Other <input type="checkbox"/> Electronics-Projector <input type="checkbox"/> Glass <input type="checkbox"/> Graffiti <input type="checkbox"/> Laptop Computer <input type="checkbox"/> Musical Instrument <input type="checkbox"/> Other-Vandalism <input type="checkbox"/> Other-Misc. Property <input type="checkbox"/> Personal Property <input type="checkbox"/> Vehicle
			OWNERSHIP TYPE
			<input type="checkbox"/> Leased <input type="checkbox"/> NA/Unknown <input type="checkbox"/> Owned <input type="checkbox"/> Owned or Leased by Employees <input type="checkbox"/> Owned or Leased by Others <input type="checkbox"/> Rental Vehicle
		*APPROX. VALUE OF LOSS/DAMAGE	
		\$	
		*NAME OF POLICE/FIRE DEPT. NOTIFIED	
		*POLICE/FIRE CASE NO.	
*FULL NAME and TITLE OF PERSON COMPLETING REPORT		*SIGNATURE	*DATE SIGNED MM DD YYYY
*FULL NAME OF ADMINISTRATOR		*SIGNATURE	*DATE SIGNED MM DD YYYY

For assistance in completing the form please call the SBO Reception at (604) 826-6286 or e-mail: sbo.reception@sd75.mission.bc.ca