

OTSEGO NORTHERN CATSKILLS BOCES

Property Incident Report Form
(This form should be completed within 24 hours of the incident or its discovery)

Date of Report: _____

GENERAL INFORMATION (Please answer all items)

Location: NCOC _____ OAOC _____ Room _____ Motor Vehicle _____

Date and time of incident: _____

If motor vehicle, location of accident: _____

Was unauthorized entry made into any part of the building? _____

Which Law Enforcement Agency was called? _____

By whom: _____ When: _____

Name of Investigator: _____

Willful Damage: _____ Theft: _____

Carelessness: _____ Other: _____

Specific Details of Loss or Damage (Who? What? Where? When? How?): _____

Did you sustain any injury? ___Yes ___ No If yes, complete Accident/First Aid Report.

Owner/Driver of other Vehicle (Name & Address) _____

Other vehicle Insurance information: _____

Materials or Equipment Stolen, Destroyed or Damaged

Number of Items	Name of Item	Description: Make/Model, BOCES ID#, Vehicle ID #, Serial #, etc.)	Check One			Estimated Value
			Stolen	Destroyed	Damaged	

Custodial hours to clean up? _____

Person preparing report: _____ Date: _____

Administrator=s Signature: _____ Date: _____