



STATE PROPERTY INCIDENT REPORT

For use by state department head to report to the Director of the State Bureau of Investigation information or evidence of an attempted arson, arson, damage to, theft from, or theft of, or embezzlement from, or misuse of any State owned personal property, buildings or other real property.

DEPARTMENT:	
DIVISION, INSTITUTION OR AGENCY:	
ADDRESS:	TELEPHONE:
EMPLOYEE REPORTING INCIDENT:	
TYPE INCIDENT: ARSON <input type="checkbox"/> DAMAGE <input type="checkbox"/> EMBEZZLEMENT <input type="checkbox"/> THEFT <input type="checkbox"/> MISUSE <input type="checkbox"/>	
PROPERTY INVOLVED:	
DATE OF INCIDENT:	TIME OF INCIDENT:
COUNTY AND CITY:	
IF REPORTED TO LOCAL LAW ENFORCEMENT DEPARTMENT, PROVIDE AGENCY NAME AND ATTACH POLICE INCIDENT REPORT	
IF NOT REPORTED, WHY NOT: MONEY/PROPERTY RECOVERED <input type="checkbox"/> ADMINISTRATIVE ACTION TAKEN <input type="checkbox"/> NOT A CRIME <input type="checkbox"/> OTHER <input type="checkbox"/> _____	
BRIEF DESCRIPTION OF INCIDENT:	
LIST STOLEN OR DAMAGED ITEMS AND VALUE ON REVERSE SIDE	
SUSPECT(S): EMPLOYEE <input type="checkbox"/> STUDENT <input type="checkbox"/> CONTRACT WORKER <input type="checkbox"/> NON-EMPLOYEE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	
DEPARTMENT HEAD/DESIGNEE: (Signature & Title)	DATE:
ADDRESS:	

STOLEN OR DAMAGED PROPERTY

Qty	Item	Fas #	Serial #	Model	Value	Recovered
TOTAL VALUE						

Recovery Key

R -Recovered; D -Destroyed; U -Unrecoverable; NA -Not Applicable

FOR SBI USE ONLY		Reference Number: _____
SBI FILE NUMBER: _____		REPORT RECEIVED: _____
<input type="checkbox"/> ASSIGNED TO _____ DISTRICT FOR INVESTIGATION AND/OR APPROPRIATE ACTION.		
<input type="checkbox"/> FILED - INVESTIGATION HANDLED BY LOCAL DEPARTMENT		
<input type="checkbox"/> OTHER: _____		
SPECIAL AGENT IN CHARGE _____		DATE: _____