

# Traverse City Central High School

## Theft/Damaged Property Report

Date of Report \_\_\_\_\_

Property Missing and/or Damaged: \_\_\_\_\_

\_\_\_\_\_

Details: Model numbers: \_\_\_\_\_

Serial numbers: \_\_\_\_\_

Date & Time incident occurred: \_\_\_\_\_

Person(s) making report (please include full name, date of birth,  
address and phone numbers): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Detailed description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disposition (to be completed by Police Liaison): \_\_\_\_\_

*Please make of a copy of this report for yourself, one for the Main Office and forward original to Police Liaison..*