



# STATE PROPERTY INCIDENT REPORT

For use by designated NC State Agency department heads or designees to report to the Director of the State Bureau of Investigation information or evidence of any arson, attempted arson, damage to, theft of, embezzlement from, or misuse of any State owned personal property, buildings or other real property in accordance to **NCGS § 143B 920**.

### **SUBMISSION INSTRUCTIONS:**

This report **MUST** be forwarded to your agency's head or appointed designee for submission to SBI.

#### **Agency Head/Designee please send reports to:**

State Property Incident Reports, NC State Bureau of Investigation,  
3320 Garner, Road, P.O. Box 29500, Raleigh, NC 27626-0500 **or** [inspectionscompliance@ncsbi.gov](mailto:inspectionscompliance@ncsbi.gov) .

**For NCDPS Agencies Only:** [statepropertyincidentreports@ncdps.gov](mailto:statepropertyincidentreports@ncdps.gov)

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

\*\* ALL FIELDS ARE **MANDATORY**

