

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 SBIStateProperty@ncsbi.gov

(For NCDPS Agencies Only): statepropertyincidentreports@ncdps.gov

DEPARTMENT:						
DIVISION, INSTITUTION, OR AGENCY:						
ADDRESS: TEL	TELEPHONE:					
EMPLOYEE REPORTING INCIDENT:						
INCIDENT TYPE: ☐ ARSON ☐ DAMAGE ☐ EMBEZZLEMEN	IT					
PROPERTY INVOLVED:						
DATE OF INCIDENT: TIME OF INC	OF INCIDENT: TIME OF INCIDENT:					
NC COUNTY AND CITY:						
IF REPORTED TO LOCAL LAW ENFORCEMENT DEPARTMENT, PROVIDE AGENCY NAME AND ATTACHE POLICE INCIDENT REPORT:						
FOLIGE INCIDENT REPORT.						
IF NOT REPORTED, WHY NOT: ☐ MONEY/PROPERTY RECOVERED	ADMINISTRATIVE ACTION TAKEN					
□ NOT A CRIME □OTHER:						
BRIEF DESCRIPTION OF INCIDENT:						
LIST STOLEN OR DAMAGED ITEMS AND VALUE ON REVERSE SIDE						
SUSPECT(S):						
UNKNOWN						
AGENCY HEAD / DESIGNEE: (SIGNATURE & TITLE)	DATE:					
ADDRESS:						
ADDRESS.						

SBI-78 (4/2018)

^{**} ALL FIELDS ARE MANDATORY

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 $\frac{\textbf{RECOVERY KEY}}{\textbf{R}} - \text{Recovered in value} \ / \ \underline{\textbf{D}} - \text{Destroyed} \ / \ \underline{\textbf{U}} - \text{Unrecoverable} \ / \ \underline{\textbf{N/A}} - \text{Not Applicable}$

Qty	Item	FAS#	Serial #	Model #	Total Loss Value	Recovery Key
TOTAL VALUE						

FOR SBI USE ONLY	REFERENCE #:			
SBI FILE #:	REPORT RECEIVED:			
ASSIGNED:	District for investigation and/or appropriate action			
FILED: (Investigation handled by local department)				
OTHER: (Handled Administratively by State Agency)				
ASSISTANT DIRECTOR:	DATE:			

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