

**Bethune-Cookman University Office of Safety and Security Department:
Property and Vehicle Report**

Property Section: _____ **Case #:** _____

Property Type	Property Status
<input type="checkbox"/> Evidence <input type="checkbox"/> Drugs <input type="checkbox"/> Found Property <input type="checkbox"/> Weapons <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Stolen	<input type="checkbox"/> Safekeeping <input type="checkbox"/> Release after Court <input type="checkbox"/> Release to other Agency <input type="checkbox"/> Hold for Investigation <input type="checkbox"/> Release to Owner <input type="checkbox"/> Do Not Release <input type="checkbox"/> Hold for Destruction <input type="checkbox"/> Hold for SGA

Property #1

QUANTITY:	VALUE: \$	SERIAL #:	LOCATION:	OWNER:
MAKE:	MODEL:	COLOR:	TYPE / OTHER:	

Description:

Property #2

QUANTITY:	VALUE: \$	SERIAL #:	LOCATION:	OWNER:
MAKE:	MODEL:	COLOR:	TYPE / OTHER:	

Description:

Property #3

QUANTITY:	VALUE: \$	SERIAL #:	LOCATION:	OWNER:
MAKE:	MODEL:	COLOR:	TYPE / OTHER:	

Description:

Vehicle Section:

Vehicle #1 ERAU Decal #:

DISPOSITION: Break & Enter Stolen Recovered Towed MVA Other _____						VIN #:	
YEAR:	MAKE:	MODEL:	STYLE:	COLOR:	TAG #:	STATE:	EXPIRE:
OWNER NAME:			ADDRESS:			PHONE #:	
INSURANCE COMPANY:			INSURANCE POLICY NUMBER:			INSURANCE COMPANY PHONE NUMBER:	

Vehicle #2 ERAU Decal #:

DISPOSITION: Break & Enter Stolen Recovered Towed MVA Other _____						VIN #:	
YEAR:	MAKE:	MODEL:	STYLE:	COLOR:	TAG #:	STATE:	EXPIRE:
OWNER NAME:			ADDRESS:			PHONE #:	

REPORTING OFFICER / ID NO.	DATE AND TIME	REVIEWED BY	DATE AND TIME
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INSURANCE COMPANY:	INSURANCE POLICY NUMBER:	INSURANCE COMPANY PHONE NUMBER:
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REPORTING OFFICER / ID NO.	DATE AND TIME	REVIEWED BY	DATE AND TIME
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Bethune-Cookman University Office of Safety and Security Department

Narrative:

Case#: _____

Supplement

REPORTING OFFICER / ID NO.	DATE AND TIME	REVIEWED BY	DATE