

Attention!

The *State Property Incident Report (SBI-78)*, which follows, is the only form the SBI will accept for the reporting of lost, stolen, damaged, or misused state property. Due to filing requirements, it is preferred the completed *State Property Incident Reports* **NOT** be forwarded to us by fax.

Send completed reports to: **State Property Incident Reports**, NC State Bureau of Investigation,
3320 Garner, Road, P.O. Box 29500, Raleigh, NC 27626-0500 /
Or by E-Mail: InspectionsCompliance@ncsbi.gov .

All reports **must** be submitted to the head of your agency or the agency's assigned designee for review and submission to NCSBI.

QUICK TIPS	
Leave Blank	Leave the Agency Head/Designee Signature, Date, & Address blocks blank <u>UNLESS</u> you are the agency head/designee.
Attachments	Police reports/additional documentation.
Recovered Amount	If applicable, enter the value amount of the item(s) recovered.
Incident Description	Give a brief overview of events Note resolution or outcome.
Law Enforcement contact	Note any notification reported, including Warrants.

FOR NCDPS AGENCIES ONLY

E-mail completed reports to: statepropertyincidentreports@ncdps.gov

*PLEASE DO **NOT** SIGN AS DEPARTMENT HEAD/DESIGNEE AND DO NOT COMPLETE THE DATE, & ADDRESS BLOCKS. EACH SHOULD BE LEFT BLANK.*

Please submit all completed reports as a word document or PDF file. If applicable, any attachments (Police reports or additional documentation) should be faxed to 919-716-3923.

Questions: Call Internal Audit at 919-733-4080

QUICK TIPS		
Leave Blank	On the SBI-78 Leave the following 3 blocks blank:	Department Head/Designee Signature, Date, & Address blocks.
Attachments	Fax to 919-716-3923	Police reports/additional documentation.
DPS assets	Report any loss, damage or misuse	As soon as possible after knowledge of incident.
Canteen shortages	Report any shortage \$100 above tolerance	Page 2 value will be total loss amount (including tolerance amount)
	Note shortage as "Canteen Inventory" and/or "Cash"	Do not list each missing canteen item on page 2.
Incident Description	Give a brief overview of events	Note resolution or outcome.
Law Enforcement contact	Note any notification reported, including Warrants	Fax documentation once received.



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 .

For NCDPS Agencies Only: statepropertyincidentreports@ncdps.gov

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 <input type="checkbox"/> NOT A CRIME <input type="checkbox"/> OTHER: _____	
BRIEF DESCRIPTION OF INCIDENT:	
LIST STOLEN OR DAMED ITEMS AND VALUE ON REVERSED SIDE	
SUSPECT(S): <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> STUDENT <input type="checkbox"/> CONTRACT WORKER <input type="checkbox"/> NON-EMPLOYEE <input type="checkbox"/> UNKNOWN	
AGENCY HEAD / DESIGNEE: (SIGNATURE & TITLE)	DATE:
ADDRESS:	

**** ALL FIELDS ARE MANDATORY**

STATE PROPERTY INCIDENT REPORT

RECOVERY KEY

R –Recovered in value / D – Destroyed / U – Unrecoverable / N/A – Not Applicable

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

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