

# 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 email: [statepropertyreports@ncsbi.gov](mailto:statepropertyreports@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.

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

### (FOR NCDPS AGENCIES ONLY)

E-mail completed reports to: [statepropertyincidentreports@ncdps.gov](mailto: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 919-733-7449.

Questions: Call Internal Audit at 919-710-8885

<b>QUICK TIPS</b>		
<b>Leave Blank</b>	On the SBI-78 Leave the following 3 blocks blank:	Department Head/Designee Signature, Date, and Address blocks
<b>Attachments</b>	Fax to 919-733-7449	Police reports/additional documentation
<b>DPS assets</b>	Report any loss, damage or misuse	As soon as possible after knowledge of incident
<b>Canteen shortages</b>	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
<b>Incident Description</b>	Give a brief overview of events	Note resolution or outcome
<b>Law Enforcement contact</b>	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 [statepropertyreports@ncsbi.gov](mailto:statepropertyreports@ncsbi.gov)

**(For NCDPS Agencies Only):** [statepropertyincidentreports@ncdps.gov](mailto: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 attach 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:	
<b>List stolen or damaged items and value on reverse side</b>	
Suspects(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 and title)	Date:
Address:	

\*\* ALL FIELDS ARE MANDATORY

