

Prepare and transmit IMMEDIATELY upon knowledge of incident.

REPORTED BY	WITNESS
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TODAY'S DATE	DATE OF INCIDENT/CRIME	TIME OF INCIDENT/CRIME
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CHECK ONE OR MORE: ACCIDENT INJURY FIRE MEDICAL OTHER

BRIEFLY DESCRIBE WHAT HAPPENED AND WHERE IT HAPPENED (use attachments if needed)

PERSON INVOLVED	PHONE NO.	ADDRESS	SS#
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WITNESS/WITNESSES	PHONE NO.	ADDRESS	SS#
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ACTION TAKEN

CRIME REPORT

<input type="checkbox"/> THEFT	<input type="checkbox"/> VANDALISM	<input type="checkbox"/> FIGHT	<input type="checkbox"/> OTHER	CASE NO.
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BRIEFLY DESCRIBE WHAT HAPPENED AND WHERE IT HAPPENED (use attachments if needed)

INJURIES:

Name of Victim/Victims	PHONE NO.	ADDRESS
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Name of Witness/Witnesses	PHONE NO.	ADDRESS
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	PHONE NO.	ADDRESS
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Name of Suspect	<input type="checkbox"/> PERSON ARRESTED
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COMMENTS

Completion of this form does not preclude student(s) involved from filling out students' insurance form in the Business Office.

Signature:	Date:
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Forward form to **Maintenance & Operations**

M&O use only:	Facilities Director	President	Vice-President
Date received:	Security Coordinator	H.R. (Staff/student worker injuries)	