

# TUSCULUM COLLEGE CAMPUS SAFETY INCIDENT REPORT

<b>Type of Report</b> <input type="checkbox"/> General Incident <input type="checkbox"/> Crime <input type="checkbox"/> Accident	<b>Type of Crime</b> <input type="checkbox"/> Person <input type="checkbox"/> Property <input type="checkbox"/> Other	<b>Department</b> <input type="checkbox"/> Main <input type="checkbox"/> West	<b>Type of Incident</b>  <b>Location of Incident</b>  <b>Date Reported</b> _____ <b>Time Reported</b> _____	<b>Case No.</b>  <b>Ref. Case No.</b>  <b>Case Status</b>  <b>LEO Case No.</b>  <b>LEO Agency</b> _____
<b>Day Occurred</b> From _____ To _____ <input type="checkbox"/> Unknown	<b>Date Occurred</b> From _____ To _____ <input type="checkbox"/> Unknown	<b>Time Occurred</b> From _____ To _____ <input type="checkbox"/> Unknown		

☐ Status Code 1: *RP = Reporting Person DC = Discovered Crime IP = Involved Person S(=) = Suspect/Subject V(=) = Victim W(=) = Witness*  
 Status Code 2: *PT = Patient VTR = Visitor EMP = Employee PO = Peace Officer VND = Vender O = Other*

Page 1 of \_\_\_\_\_

## PERSONS INVOLVED

☐ Additional Names on Continuation Report

<u>S/C1</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>DOB</u>	<u>SSN</u>	<u>RACE</u>	<u>SEX</u>	<u>HEIGHT</u>	<u>WEIGHT</u>	<u>HAIR</u>	<u>EYES</u>
<u>S/C2</u>	<u>STREET</u>			<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>		<u>PHONE</u>		

<u>S/C1</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>DOB</u>	<u>SSN</u>	<u>RACE</u>	<u>SEX</u>	<u>HEIGHT</u>	<u>WEIGHT</u>	<u>HAIR</u>	<u>EYES</u>
<u>S/C2</u>	<u>STREET</u>			<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>		<u>PHONE</u>		

<u>S/C1</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>DOB</u>	<u>SSN</u>	<u>RACE</u>	<u>SEX</u>	<u>HEIGHT</u>	<u>WEIGHT</u>	<u>HAIR</u>	<u>EYES</u>
<u>S/C2</u>	<u>STREET</u>			<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>		<u>PHONE</u>		

<u>S/C1</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>DOB</u>	<u>SSN</u>	<u>RACE</u>	<u>SEX</u>	<u>HEIGHT</u>	<u>WEIGHT</u>	<u>HAIR</u>	<u>EYES</u>
<u>S/C2</u>	<u>STREET</u>			<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>		<u>PHONE</u>		

## VEHICLES / BICYCLES

VEH(=) = Vehicle BIC = Bicycle

☐ Additional Vehicles on Continuation Report

<u>CODE</u>	<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>COLOR</u>	<u>LICENSE NO.</u>	<u>STATE</u>	<u>REGISTERED OWNER</u>
<u>CODE</u>	<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>COLOR</u>	<u>LICENSE NO.</u>	<u>STATE</u>	<u>REGISTERED OWNER</u>

## PROPERTY LOSS

CODES: F - FOUND L - LOST S - STOLEN R - RECOVERED SR - STOLEN & RECOVERED O - OTHER

ITEM NO.	QTY	ARTICLE	BRAND MAKE OR MANUFACTURER	MODEL NAME & MODEL NUMBER	SERIAL / IDENTIFICATION NUMBER	MISCELLANEOUS DESCRIPTION	VALUE	CODE

**NOTICE:** This report is for investigative purposes in order to improve the quality of public safety, staff education, and/or facilities maintenance. This report is considered confidential and is not to be discussed with anyone other than Risk Management, Legal Counsel, or those persons authorized by Risk Management or Legal Counsel. This report is not to be reproduced, copied, transferred or otherwise disseminated to any person except with the consent of Risk Management.

### THIS COPY WAS PREPARED FOR:

NAME: \_\_\_\_\_  
 AGENCY: \_\_\_\_\_  
 ON (DATE): \_\_\_\_\_  
 COPIED BY: \_\_\_\_\_  
 RELEASED BY: \_\_\_\_\_

REPORTING OFFICER	I.D.#	DATE	TIME	OFFICER'S SIGNATURE:	Approved by:
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**SECURITY / PUBLIC SAFETY DEPARTMENT**

☐ Continuation    ☐ Supplemental    ☐ Follow-Up

Type of Incident	Case No.:	Page 2 of
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**NARRATIVE**

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REPORTING OFFICER	I.D.#	DATE	TIME	OFFICER'S SIGNATURE:	Approved by:
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SECURITY / PUBLIC SAFETY DEPARTMENT

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Type of Incident	Case No.:	Page 3 of
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NARRATIVE

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SECURITY / PUBLIC SAFETY DEPARTMENT

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Type of Incident	Case No.:	Page 4 of
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NARRATIVE

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