**Type of Report**

**(Original, Supplemental, Follow-up)**

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| **INCIDENT** | | |
| **DATE/TIME OF INCIDENT:**        - | **DATE/TIME OF REPORTT:**        - | **INCIDENT** **ADDRESS** |
| **NAME OF SCHOOL/BUILDING:** | **AREA:** | **REPORTING OFFICER/ BADGE #**  **-** |
| **TYPE OF INCIDENT (OFFENSE):** | **WEAPON USED BY SECURITY**  **Yes  No TYPE:**  Gun -Asp/Baton –Mace –Taser - Other | **WEAPON USED BY OTHERS**  **Yes  No TYPE:**  Gun -Asp/Baton –Mace – Taser - Other |
| **Assault 1st - Assault 2nd- Assault 3rd Assault 4th Burglary - Drugs/Alcohol – UUW Gun UUW Knife - Sex Offense – Stealing Robbery 1st – Robbery 2nd – Missing Peace Disturbance - Trespassing** | **INCIDENT LOCATION:**  **Stairwell – Hallway – Class Room – Cafeteria – School Yard – Rest Room - School Bus –**  **Other** | **INJURIES: Yes  No**  **Surface (Tile, concrete, asphalt, carpeting),**  **Conditions (moisture, steps, holes in surface, etc.), If applicable**        **Weather If applicable** |

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| **VICTIM** |

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| Victim 1: |  | **D.O.B.** |  | **Race:** | **Sex:** |
| **Address:** |  | **Phone #1** |  | **SSN#** | **SN#** |
| **Parent/Contact:** |  | **Phone #2** |  | **Student** | **Staff** |

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| **VICTIM** |

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| Victim 2: |  | **D.O.B.** |  | **Race:** | **Sex:** |
| **Address:** |  | **Phone #1** |  | **SSN#** | **SN#** |
| **Parent/Contact:** |  | **Phone #2** |  | **Student** | **Staff** |

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| **WITNESS** |

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| **Witness 1:** |  | **D.O.B.** |  | **Race:** | **Sex:** |
| **Address:** |  | **Phone #1** |  | **SSN#** | **SN#** |
| **Parent/Contact:** |  | **Phone #2** |  | **Student** | **Staff** |

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| **Witness 2:** |  | **D.O.B.** |  | **Race:** | **Sex:** |
| **Address:** |  | **Phone #1** |  | **SSN#** | **SN#** |
| **Parent/Contact:** |  | **Phone #2** |  | **Student** | **Staff** |

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| **SUSPECT/OFFENDER** |

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| **Suspect 1:** |  | **D.O.B.** |  | **Race:** | **Sex:** |
| **Address:** |  | **Phone #1** |  | **SSN#** | **SN#** |
| **Parent/Contact:** |  | **Phone #2** |  | **Student** | **Staff** |

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| **Suspect 2:** |  | **D.O.B.** |  | **Race:** | **Sex:** |
| **Address:** |  | **Phone #1** |  | **SSN#** | **SN#** |
| **Parent/Contact:** |  | **Phone #2** |  | **Student** | **Staff** |

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| **MEDICAL TREATMENT –Attach Medical –Clinical Log, if treated by School Nurse** |

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|  | **Treatment at scene by School nurse** |  | **Treatment at scene by EMS** |
|  | **Treated by Personal Physician** |  | **Transported to Hospital** |
|  | **Refused Medical Attention** |  | **Hospital Name:** |

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| **POLICE INVOLVEMENT** |

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| **Police Called:** **Yes** **no** | **Complaint** #: | **Officer:**  **Officer:**  **Officer:** | **Badge/DSN:**  **Badge/DSN:**  **Badge/DSN:** |

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| **EVIDENCE** |

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| **Evidence Seized:** **Yes** **NO** | | **Police Storage:** **Yes** **No** | | **Officer:** | |
| **Weapon:** | | **Drugs:** | | **Quantity:** | |
| **Other:** |  | |  | |

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| **PROPERTY/EVIDENCE** |

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| **PROP.#1** | **DESCRIPTION** | | | | **STATUS** | | **VALUE** | | |
| **QUANTITY** | | | **BRAND** | | | | **MODEL/SERIAL NUMBER** | | |
| **LOCATION STOLEN:** | | **LOCATION RECOVERED** | | | | **ADDRESS RECOVERED** | | | **DATE REOVERED** |
| **SUSPECTED DRUG TYPE:** | | | **ESIMATED QUANTITY:** | | | | **DRUG:** | | |
| **OWNER (last, first, mi)** | | | | **ADDRESS (City, State, Zip)** | | | | **PHONE:** | |

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| **NARRATIVE** |

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| **officer approval; name/badge number** | **supervisor approval; name/badge number** |

**DISTRIBUTION:**

Safety & Security Director

Safety & Security Office

Risk Management