

# ESCC

## SECURITY INCIDENT REPORT

Incident Number: \_\_\_\_\_

Handled By Security Officer Referred To Law Enforcement 

DATE REPORTED	TIME REPORTED	DATE OCCURRED	TIME OCCURRED			
<b>INCIDENT LOCATION</b>						
<b>OFFENSE #1 (Primary)</b> <input type="checkbox"/> CLERY REPORTABLE		<b>OFFENSE #2 (Secondary)</b> <input type="checkbox"/> CLERY REPORTABLE				
<input type="checkbox"/> Theft <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Other _____		<input type="checkbox"/> Theft <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Other _____				
<b>SUBJECT #1</b>						
NAME: (Last, First, Middle)	SEX:	RACE:	HT:	WT:	HAIR:	EYES:
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Nat. Amer. <input type="checkbox"/> Unknown	D.O.B.     /     /			
911 ADDRESS:		CITY/STATE	ZIP CODE	PHONE NUMBER		
MAILING ADDRESS: <input type="checkbox"/> SAME		CITY/STATE	ZIP CODE			
<input type="checkbox"/> STUDENT		<input type="checkbox"/> FACULTY	<input type="checkbox"/> STAFF	<input type="checkbox"/> VISITOR		
<b>TYPE OF IDENTIFICATION PROVIDED:</b>						
<input type="checkbox"/> No ID. Verbal Only		<input type="checkbox"/> Student ID # _____				
<input type="checkbox"/> Driver's License # _____ State _____		<input type="checkbox"/> Other (Clarify In Narrative)				
<input type="checkbox"/> S.S. Card # _____						
RESIDENT OF ESVA? <input type="checkbox"/> Yes <input type="checkbox"/> No     STATEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Copy to Report)						
<b>CLARIFY SUBJECT RELEASE DISPOSITION AND POLICE RESPONSE INFORMATION IN NARRATIVE:</b> <input type="checkbox"/> JUVENILE SUBJECT <input type="checkbox"/> ADULT SUBJECT						
<input type="checkbox"/> Released To Parent/Guardian (Name) _____						
<input type="checkbox"/> Released To Law Enforcement (Officer's Name) _____						
<input type="checkbox"/> Released By Security <input type="checkbox"/> Law Enforcement Responded <input type="checkbox"/> Law Enforcement Assisted Only						
<input type="checkbox"/> Referred for Campus Disciplinary Action						
<b>SUBJECT #2</b>						
NAME: (Last, First, Middle)	SEX:	RACE:	HT:	WT:	HAIR:	EYES:
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Nat. Amer. <input type="checkbox"/> Unknown	D.O.B.     /     /			
911 ADDRESS:		CITY/STATE	ZIP CODE	PHONE NUMBER		
MAILING ADDRESS: <input type="checkbox"/> SAME		CITY/STATE	ZIP CODE			

<input type="checkbox"/> STUDENT <input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR							
<b>TYPE OF IDENTIFICATION PROVIDED:</b> <input type="checkbox"/> No ID. Verbal Only <input type="checkbox"/> Student ID # _____ <input type="checkbox"/> Driver's License # _____ State _____ <input type="checkbox"/> Other (Clarify In Narrative) <input type="checkbox"/> S.S. Card # _____							
RESIDENT OF ESVA? <input type="checkbox"/> Yes <input type="checkbox"/> No      STATEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Copy to Report)							
<b>CLARIFY SUBJECT RELEASE DISPOSITION AND POLICE RESPONSE INFORMATION IN NARRATIVE:</b> <input type="checkbox"/> JUVENILE SUBJECT <input type="checkbox"/> ADULT SUBJECT <input type="checkbox"/> Released To Parent/Guardian (Name) _____ <input type="checkbox"/> Released To Law Enforcement (Officer's Name) _____ <input type="checkbox"/> Released By Security <input type="checkbox"/> Law Enforcement Responded <input type="checkbox"/> Law Enforcement Assisted Only <input type="checkbox"/> Referred for Campus Disciplinary Action							
<b>VICTIM #1</b>							
NAME: (Last, First, Middle)		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Nat. Amer. <input type="checkbox"/> Unknown	HT:	WT:	HAIR:	EYES:
				D.O.B.        /        /			
911 ADDRESS:		CITY/STATE	ZIP CODE	PHONE NUMBER			
MAILING ADDRESS: <input type="checkbox"/> SAME		CITY/STATE	ZIP CODE				
VICTIM STATEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Copy of Victim Statement to Report)							
<b>VICTIM #2</b>							
NAME: (Last, First, Middle)		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Nat. Amer. <input type="checkbox"/> Unknown	HT:	WT:	HAIR:	EYES:
				D.O.B.        /        /			
911 ADDRESS:		CITY/STATE	ZIP CODE	PHONE NUMBER			
MAILING ADDRESS: <input type="checkbox"/> SAME		CITY/STATE	ZIP CODE				
VICTIM STATEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Copy of Victim Statement to Report)							
<b>WITNESS</b>							
NAME: (Last, First, Middle)		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Nat. Amer. <input type="checkbox"/> Unknown	HT:	WT:	HAIR:	EYES:
				D.O.B.        /        /			
911 ADDRESS:		CITY/STATE	ZIP CODE	PHONE NUMBER			
MAILING ADDRESS <input type="checkbox"/> SAME		CITY/STATE	ZIP CODE				

