## **ESCC**

Incident Number:				
Handled By Security Officer □				
Referred To Law Enforcement □				
TE OCCURRED	TIME OCCURRED			

SECURITY INCIDENT REPORT			T	Handled By Security Officer □					
			Referred To Law Enforcement □						
DATE REPORTED	TIME REPORTED		l	DATE (	OCCURRED		TIME OCCURRED		
INCIDENT LOCATION									
INCIDENT LOCATION									
OFFENSE #1 (Primary)   □ CLERY REPORTABLE			OFFENSE #2 (Secondary)   □ CLERY REPORTABLE						
☐ Theft ☐ Criminal Trespass		1	☐ Theft ☐ Criminal Trespass						
☐ Other		1	□ Other						
		S	UBJEC	T #1					
NAME: (Last, First, Middle)		SEX:	RACE	Ε:		HT:	WT:	HAIR:	EYES:
		☐ Male	□ Wh	hite	☐ Black				
		☐ Female	☐ Asi	ian	☐ Nat. Amer.				
		□ Un	Unknown			O.B. / /			
911 ADDRESS:		CITY/STATE	<u></u>		ZIP CODE	<u> </u>	PHONE N	UMBER	
		, ,							
MAILING ADDRESS: ☐ SAME		CITY/STATE			ZIP CODE	•			
□ STUDENT □ FACU	ITV -	STAFF		VISIT	OP.				
TYPE OF IDENTIFICATION PROV		SIAFF		VISIT	UK				
□ No ID. Verbal Only	AIDED.			П	Student ID #				
□ Driver's License #State			<ul><li>☐ Student ID #</li><li>☐ Other (Clarify In Narrative)</li></ul>						
					• (•)	,			
□ S.S. Card #  RESIDENT OF ESVA? □ Yes □ No STATEMENT? □ Yes □ No (Attach Copy to Report)									
CLARIFY SUBJECT RELEASE DISPOS							-	ADULT SU	JBJECT
☐ Released To Parent/Guardia	n (Name)								
☐ Released To Law Enforcement		 e)							
□ Released By Security □ Law Enforcement Responded □ Law Enforcement Assisted Only									
☐ Referred for Campus Discipli	inary Action	•				•			
SUBJECT #2									
NAME: (Last, First, Middle)		SEX:	RACE	Ε:		HT:	WT:	HAIR:	EYES:
		☐ Male	□ Wł	hite	□ Black				
		☐ Female	☐ Asi	ian	☐ Nat. Amer.			_	
			□ Un	known		D.O.B.	. /	/	
911 ADDRESS:		CITY/STATE	<u> </u>		ZIP CODE	<u> </u>	PHONE N	UMBER	
- · · · · · · · · · · · · · · · · · · ·									
MAILING ADDRESS SAME		CITY/STATE	:		710 (00				
MAILING ADDRESS: ☐ SAME		CITY/STATE			ZIP CODE				

□ STUDENT □ FACULTY	□ STAFF	□ VISITOR				
TYPE OF IDENTIFICATION PROVIDED:						
☐ No ID. Verbal Only		☐ Student ID #				
☐ Driver's License #	State					
□ S.S. Card #		` ,	•			
	□ No STA	ATEMENT? ☐ Yes ☐ No (Attach	Copy to Re	eport)		
CLARIFY SUBJECT RELEASE DISPOSITION AND POLI	CE RESPONSE II	NFORMATION IN NARRATIVE:	JUVENILE S	SUBJECT [	ADULT SI	JBJECT
☐ Released To Parent/Guardian (Name)						
☐ Released To Law Enforcement (Officer's Na						
☐ Released By Security ☐ Law Enforcemen	t Responded	☐ Law Enforcement Assisted (	Only			
☐ Referred for Campus Disciplinary Action						
		VICTIM #1				
NAME: (Last, First, Middle)	SEX:	RACE:	HT:	WT:	HAIR:	EYES:
	☐ Male	☐ White ☐ Black				
	☐ Female	☐ Asian ☐ Nat. Amer.				
		□ Unknown	D.O.B.	/	/	
911 ADDRESS:	ITY/STATE	ZIP CODE	PH	ONE NUM	BER	
		552.2				
MAILING ADDRESS: □ SAME	CITY/STATE	ZIP CODE				
VICTIM STATEMENT? ☐ Yes ☐ No (Attach Co	-					
		VICTIM #2	T <b>.</b>	T	T	l =\/=o
NAME: (Last, First, Middle)	SEX:	RACE:	HT:	WT:	HAIR:	EYES:
	☐ Male	☐ White ☐ Black				
	☐ Female	☐ Asian ☐ Nat. Amer.	D.O.B.	/	/	
		□ Unknown	D.O.B.	,	,	
911 ADDRESS:	CITY/STATE	ZIP CODE	PH	ONE NUM	BER	
MAILING ADDRESS: □ SAME C	CITY/STATE	ZIP CODE				
	, 6	0052				
VICTIM STATEMENTS - Voc - No (Attach Co	ny of Victim C	tatament to Banart\				
VICTIM STATEMENT? ☐ Yes ☐ No (Attach Copy of Victim Statement to Report)  WITNESS						
NAME: (Last, First, Middle)	SEX:	RACE:	нт:	WT:	HAIR:	EYES:
(114)	☐ Male	☐ White ☐ Black				
	☐ Female	☐ Asian ☐ Nat. Amer.			1	I
		□ Unknown	D.O.B.	/	/	
911 ADDRESS:	CITY/STATE	ZIP CODE	PH	ONE NUM	BER	
MAILING ADDRESS □ SAME	ITY/STATE	ZIP CODE				

WITNESS STATEMENT? ☐ Yes ☐ No (Attach Copy of Witness Statement to Report)			
NARR	ATIVE		
SECURITY OFFICER NAME:	DATE/TIME:		
SECONITI OTTICEN NAME.	only line.		