

THE CITY UNIVERSITY OF NEW YORK DEPARTMENT OF PUBLIC SAFETY INCIDENT REPORT



College	Incident Repo	ort No	
Occurrence Date	Occurrence 1	Fime	
Reported Date	Reported Tim	ne	
Report Classification (If Offens			
☐ Crime ☐ Non-Crime ☐ Assi			
Most Serious Offense is ☐ Felor		•	·
☐ Reported To NYPD NYPD Co	omplaint #	Arrest Number	
Case Status ☐ Closed ☐ Clo	osed by arrest $\ \square$ Open for Investi	gation Referred to Judicia	ıl Affairs
Place of Occurrence			
☐ Inside ☐ In Front Of ☐ Rear	r Of Opposite Of		
Building/Street Name			Room Number
Location: ☐ On Campus ☐ Off	Campus ☐ Dorm/Residential ☐	☐ Non-Campus Building ☐ P	ublic Property
Reporter/Witness	of □ Faculty/Staff □ S	tudent	
Last Name	First Name	D.O.B.	☐ Male
Address			
Phone Number	·		·
Complainant/Aidedc	of □ Faculty/Staff □ S	itudent	
Last Name	First Name	D.O.B.	☐ Male
Address			
Phone Number	·		·
Aided			
Removed to Hospital ☐ No ☐	Yes Name of Hospital		
EMS/FDNY Name		Aided/ACR #	
Perpetrator/Suspect	of	Student Other	
Last Name	First Name	D.O.B	☐ Male ———— ☐ Female
Address			
Phone Number		□ Work □ Cell	
Race/Height/Weight	Eyes/h	Hair Color	
Clothing Worn			
Distinguishing Features			
Known Associates			
Vehicle Information	of		
Vehicle Classification ☐ Accide	ent Attempted Stolen Sto	olen Unauthorized Use	☐ Used in a Crime
License Plate	State	TypeN	1ake
YearCo	lorN	lodel	
Distinguishing Features			

<u>Narra</u>	tive						
Prope	erty						
Qty.		Item Name	Type (found, lost, stolen)		Serial Number	Value	Value Recovered
			(round, root, etc.on)				Tredevered
N. 4161	4.						
Notific Ranl					Unit/Agency		Log Number
			Tumo				
Sunar	viso	rs Comments					
<u>ouper</u>	V130	13 Comments					
Rank/Tit	tle	Reporting/Investigating M.O.S. Name (Print)	s	Signature			
Rank/Tit	tle	Supervisor Approving Name (Print)	S	ignature			
REVIEWED	BY: CI	hief Public Safety	1				
Public S	Safety D		Campus Planning Clipboard rector Other -Specify	& Facilities			



•	or		_ Student _ Other			□ Mala
Last Name		First Name		D.O.B		☐ Male - ☐ Female
		City				
Phone Number			□ Work □ Cell			
Reporter/Witness	of		☐ Student ☐ Other			-
Last Name		First Name		D.O.B		☐ Male - ☐ Female
		City				
Phone Number		🗆 Home	□ Work □ Cell			
Complainant/Aided	of		☐ Student ☐ Other			
Last Name		First Name		D.O.B		☐ Male - ☐ Female
		City				
Phone Number			□ Work □ Cell			
Aided						
Removed to Hospital	No □ Ye:	s Name of Hospital				
·						
Complainant/Aided						
Last Name				DOB		☐ Male
Address						
Phone Number		·			<i>2.</i> p	
			L Work L Con			
Aided						
·		s Name of Hospital				
				/ACR #		
Perpetrator/Suspect						☐ Male
		First Name				
Address		City	State		Zip Code_	
		•				
		Oily D Home				
Phone Number		•	□ Work □ Cell			
Phone Number Race/Height/Weight Clothing Worn		□ Home	□ Work □ Cell es/Hair Color			
Phone Number Race/Height/Weight Clothing Worn Distinguishing Features		□ Home Eye	□ Work □ Cell es/Hair Color			
Phone Number Race/Height/Weight Clothing Worn Distinguishing Features Known Associates		□ Home Eye	□ Work □ Cell es/Hair Color			
Phone Number Race/Height/Weight Clothing Worn Distinguishing Features Known Associates Perpetrator/Suspect	of _	☐ HomeEye	□ Work □ Cell es/Hair Color □ Student □ Other			П Маје
Phone Number Race/Height/Weight Clothing Worn Distinguishing Features Known Associates Perpetrator/Suspect Last Name	of _	□ HomeEye □ Faculty/StaffFirst Name	□ Work □ Cell es/Hair Color □ Student □ Other	D.O.B		□ Male - □ Female
Phone Number Race/Height/Weight Clothing Worn Distinguishing Features Known Associates Perpetrator/Suspect Last Name Address	of _	Home □ Home Eye □ Faculty/Staff First Name	□ Work □ Cell es/Hair Color □ Student □ Other □ State □	D.O.B		□ Male - □ Female
Phone Number Race/Height/Weight Clothing Worn Distinguishing Features Known Associates Perpetrator/Suspect Last Name Address Phone Number	of _	Home □ Home Eye □ Faculty/Staff First Name City □ Home	□ Work □ Cell es/Hair Color □ Student □ Other □ State □ □ Work □ Cell	D.O.B	Zip Code_	□ Male - □ Female
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Phone Number Race/Height/Weight Clothing Worn Distinguishing Features Known Associates Perpetrator/Suspect Last Name Address Phone Number Race/Height/Weight Clothing Worn Distinguishing Features Known Associates Vehicle Information	of _	□ Home Eye □ Faculty/Staff First Name City □ Home Eye	□ Work □ Cell es/Hair Color □ Student □ Other □ State □ □ Work □ Cell es/Hair Color	D.O.B	Zip Code_	☐ Male - ☐ Female
Phone Number Race/Height/Weight Clothing Worn Distinguishing Features Known Associates Perpetrator/Suspect Last Name Address Phone Number Race/Height/Weight Clothing Worn Distinguishing Features Known Associates Vehicle Information Vehicle Classification Continue	of of of	□ Home Eye □ Faculty/Staff First Name City □ Home Eye	□ Work □ Cell es/Hair Color □ Student □ Other □ State □ □ Work □ Cell es/Hair Color Stolen □ Unauthori	D.O.B	Zip Code_	□ Male - □ Female