



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

10/2006



College \_\_\_\_\_ Incident Report No. \_\_\_\_\_

Occurrence Date \_\_\_\_\_ Occurrence Time \_\_\_\_\_

Reported Date \_\_\_\_\_ Reported Time \_\_\_\_\_

Report Classification (If Offense, List Most Serious First):

☐ Crime ☐ Non-Crime ☐ Assist Outside Agency

Category of Incident \_\_\_\_\_ Penal/Admin Code \_\_\_\_\_

Most Serious Offense is ☐ Felony ☐ Misdemeanor ☐ Violation — ☐ Attempted ☐ Completed

☐ Reported To NYPD NYPD Complaint # \_\_\_\_\_ Arrest Number \_\_\_\_\_

Case Status ☐ Closed ☐ Closed by arrest ☐ Open for Investigation ☐ Referred to Judicial Affairs

Place of Occurrence

☐ Inside ☐ In Front Of ☐ Rear Of ☐ Opposite Of

Building/Street Name \_\_\_\_\_ Room Number \_\_\_\_\_

Location: ☐ On Campus ☐ Off Campus ☐ Dorm/Residential ☐ Non-Campus Building ☐ Public Property

Reporter/Witness \_\_\_\_\_ of \_\_\_\_\_ ☐ Faculty/Staff ☐ Student ☐ Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ ☐ Male ☐ Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ ☐ Home ☐ Work ☐ Cell

Complainant/Aided \_\_\_\_\_ of \_\_\_\_\_ ☐ Faculty/Staff ☐ Student ☐ Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ ☐ Male ☐ Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ ☐ Home ☐ Work ☐ Cell

Aided

Removed to Hospital ☐ No ☐ Yes Name of Hospital \_\_\_\_\_

EMS/FDNY Name \_\_\_\_\_ Aided/ACR # \_\_\_\_\_

Perpetrator/Suspect \_\_\_\_\_ of \_\_\_\_\_ ☐ Faculty/Staff ☐ Student ☐ Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ ☐ Male ☐ Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ ☐ Home ☐ Work ☐ Cell

Race/Height/Weight \_\_\_\_\_ Eyes/Hair Color \_\_\_\_\_

Clothing Worn \_\_\_\_\_

Distinguishing Features \_\_\_\_\_

Known Associates \_\_\_\_\_

Vehicle Information \_\_\_\_\_ of \_\_\_\_\_

Vehicle Classification ☐ Accident ☐ Attempted Stolen ☐ Stolen ☐ Unauthorized Use ☐ Used in a Crime

License Plate \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_ Make \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Model \_\_\_\_\_

Distinguishing Features \_\_\_\_\_

### Narrative

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

## Property

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## Notifications

Rank/Title	Name	Unit/Agency	Log Number

### Supervisors Comments

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Rank/Title	Reporting/Investigating M.O.S. Name (Print)	Signature
Rank/Title	Supervisor Approving Name (Print)	Signature

REVIEWED BY: Chief Public Safety

CC

- ☐ Public Safety Director      ☐ File      ☐ Campus Planning & Facilities  
☐ Lieutenant /Assistant Director      ☐ Buildings & Grounds      ☐ Clipboard  
☐ Vice President for Administration      ☐ CUNY Public Safety Director      ☐ Other -Specify \_\_\_\_\_



INCIDENT REPORT  
PERSONS/VEHICLE SUPPLEMENT

Reporter/Witness      \_\_\_\_ of \_\_\_\_      ☐ Faculty/Staff    ☐ Student    ☐ Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ ☐ Male  
☐ Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ ☐ Home    ☐ Work    ☐ Cell

Reporter/Witness      \_\_\_\_ of \_\_\_\_      ☐ Faculty/Staff    ☐ Student    ☐ Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ ☐ Male  
☐ Female

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Phone Number \_\_\_\_\_ ☐ Home    ☐ Work    ☐ Cell

Aided

Removed to Hospital    ☐ No    ☐ Yes      Name of Hospital \_\_\_\_\_

EMS/FDNY Name \_\_\_\_\_ Aided/ACR # \_\_\_\_\_

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Distinguishing Features \_\_\_\_\_

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