



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 _____



**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

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 _____

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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 _____