



UNUSUAL OCCURRENCE OR INCIDENT REPORT

Instructions for Completing this Report

1. Complete all sections of this report.
2. File this report immediately with the Security Office in Room A117. If the situation is urgent, call extension 3490 on campus or 562.908.3490 from off campus. In case of an emergency, call 911 from off campus, 9-911 from on campus, then notify Security immediately.

Today's Date: ____ / ____ / ____ **At Time:** ____ : ____ am/pm (circle one)

Contact Information

Name:	Department (if applicable):
Address/City:	Phone No. (Home/Cell):
Student ID (if applicable):	Email:

Type of Occurrence of Incident

- | | | | |
|---|--|------------------------------------|--------------------------------|
| <input type="checkbox"/> Traffic Accident | <input type="checkbox"/> Medical/First Aid | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Damage | <input type="checkbox"/> Theft/Burglary/Break In | <input type="checkbox"/> Dispute | <input type="checkbox"/> Other |

Description of Occurrence or Incident

Date:	Time:
Location:	
Brief Description:	

Provide contact information (name, phone #) for all parties involved on the back of this form.

Security Office Use Only

Report Received By:	Date:	Time:
Civil Agency Notified (Sheriff's/Fire Dept.) Contact Name:	Date:	Time:
Law Enforcement Incident or Report No.:		
Follow Up Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Follow up with whom?	

- C=On Campus
 NC = Non-Campus
 PP = Public Property