INCIDENT REPORT FORM

Send as attachment to e-mail to: cmusick@otterbein.edu

or fax to CIEGE (614-823-1325) or Campus Police (614-823-1693)

Name of Program:

Name of Student Involved in Incident: Date of Report:

**Location of Incident:**















**Perpetrator Information:**

**Type of Incident:**

□ Crime on Student

□ Victim of Student on Student Crime

□ Student Perpetrator of Crime

□ Student Arrested

□ Drug or Alcohol Offense

□ Accident

□ Illness

□ Suicide

□ Student Death

**□**  Other

□ During Program Activity

□ Independent Activity

□ Perp Within Program

□ Perp Outside Program

□ Property

□ Physical Assault

□ Verbal Abuse

□ Sexual Assault

□ Victim Within Program

□ Victim Outside Program

□ At Program

□ In Public

□ Medical Attention Required

□ Evacuation of Program Site

□ Terrorist Incident

□ Incorrigible Student

□ Please Specify:

Perpetrator Name (if known):

Property loss

Damage or Theft

Name of Victim:

Date Incident Occurred: Approximate Time AM PM

Place Incident Occurred:

City Incident Happened in: Country Incident Happened in:

Describe Key Elements of the Incident in Several Sentences:

**Local Authorities Contacted:** (Enter detailed contact information on pages 3 or 4)

□ Host Institution Date Time

□ Medical Date Time

□ Local Police Date Time

□ US Embassy Date Time

□ Other (Please specify) Date Time

**Otterbein University Campus Police First Contacted:**

Date: Time: AM PM (Local Time)

University Representative Filing Report

**CONTACT:**

Phone Number

E-Mail Revised 06/14/2010

**Medical Provider’s Name:**

Address:

Phone Number:

Fax Number:

**If Hospitalized:**

Name of Hospital:

Room/Suite/Bed Number at Hospital:

Attending Physician at Hospital:

Contact Number at Hospital:

Fax Number:

**If Deceased: Mortuary or Funeral Home receiving body:**

Address:

Phone Number :

Fax Number:

**Consulate/Embassy Contact**:

Address:

Telephone Number:

Fax Number

**Police Contact:**

Address:

Telephone Number:

Fax Number: