



INCIDENT REPORT

(COMPLETE ALL APPLICABLE AREAS)

Routing: Send Copy as Follows: (Check box to verify copy was sent)

| | Personal Injury or Accident | Misconduct | Property Loss | Physical Assault | Other |
|-----------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Judicial Officer, Bldg. 1, Ankeny | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Security Bldg. 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Director, Purchasing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Person Reporting Incident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Deans or Managers Office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Benefits Office, Hum Res. | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Inventory Control | | | <input type="checkbox"/> | | |

CAMPUS: Ankeny Boone Carroll Hunziker Center Newton Success Center Trans Inst Urban West

| | | | | | |
|---|--------------|-----------------|---------------------------------|-------------------------------------|-----------|
| TYPE OF INCIDENT: <input type="checkbox"/> Personal injury, accident, or illness <input type="checkbox"/> Misconduct <input type="checkbox"/> Property Loss <input type="checkbox"/> Physical Assault <input type="checkbox"/> Other _____ | | | | | |
| 1. Victims Name (Last, First, Middle) | | | 2. Res address | | |
| 3. Res. Phone | | 4. Occupation | | 5. Student/Staff | |
| 6. Bus. Phone | | 7. Sex/Race/Age | | 8. Date of Birth | |
| 9. Date & Time of Occurred | | | 10. Date & Time Reported | | |
| 11. Location of Incident (Campus, Building, Room, etc.) | | | | | |
| 12. Police Department Notified | | When: | | 13. Police Case # | |
| 14. Witness: Name & ID # / SS# | | Res Address | | Res Phone | |
| | | | | Bus Phone | |
| Name & ID # / SS# | | Res Address | | Res Phone | |
| | | | | Bus Phone | |
| PERSONAL INJURY, ACCIDENT OR ILLNESS: | | | | | |
| 15. Extent of Injury | | | | | |
| 16. Name of Attending Physician or Hospital | | | 17. Address | | Phone No. |
| 18. Probable Length of Disability | | | 19. Cause of Injury | | |
| MISCONDUCT: | | | | | |
| 20. Name of suspect | | | | | |
| 21. Address | | | | | |
| 22. DMACC ID #/SS# | | | 23. DMACC Student? | | |
| 24. Phone Number | | | 25. Date/Year of Birth | | |
| 26. Description of Misconduct (Theft, assault, drugs/alcohol, verbal or physical fight) | | | | | |
| PROPERTY LOSS: | | | | | |
| 27. Type of Property lost | | | | | |
| 28. Kind of Loss (<i>theft, wind, fire, explosion, etc.</i>) | | | | | |
| 29. Location of Property | | | 30. Point of Entry | | |
| 31. Tool or Weapon | | | 32. Method Used | | |
| 33. Estimated Loss Value | | | 34. Estimated Replacement Value | | |
| 35. DMACC Inv. # | | | 36. DMACC Acct. # for Credit | | |
| PHYSICAL ASSAULT: | | | | | |
| 37. Motive (<i>theft, Assault, etc.</i>) | | | | | |
| 38. Method of Flight | | | 39. Will Complainant Prosecute? | | |
| 40. Vehicle used by Suspect(s) | | | 41. License No. | | 42. State |
| 43. Year | 44. Make | 45. Model | 46. Color | 47. Identifying Features of Vehicle | |
| 48. Description of Suspect | | | | | |
| 49. Stranger | 50. Employee | 51. Relative | 52. Acquaintance | | |

(Continued on back side)

