

Crime Report

- Person** (injury to, or act against)..... Complete #'s 1-6, 9-10
- Property** (theft/damage/loss)..... Complete #'s 1-4, 7, 9-10
- Disciplinary Actions**..... Complete #'s 1-4, 8-10

1. Crime

Date and time of occurrence _____ Police report made? Yes No *If yes, please fax report to 765-677-6576*
Address _____ Building Name _____
City _____ State _____ Zip _____ Suite/Room Number _____

2. First person to witness or report crime

Name _____ Email _____
Address _____ Phone _____
City _____ State _____ Zip _____ Fax _____

3. Person (eg. person injured, owner of property, etc. If property owned by IWU, put "IWU" as name and the property's location as address.)

Name _____ Phone _____
Address _____ Status (student / employee / visitor) _____
City _____ State _____ Zip _____ Email (optional) _____

4. Briefly describe crime (Please limit response to 500 words. **MUST** include type of injury and body part(s) affected (if applicable), description of, nature and extent of damage to, and owner of property (if applicable), weather conditions if relevant, exact location, events leading to and following criminal incident and other contributing factors.)

5. Was EMS contacted? Yes No Were conditions normal? Yes No *If no, please check all that apply:*
If yes, please fax a copy of the report to 765-677-6576 Hole in ground Liquid on floor Slippery surface Other, specify below
 Ice/Snow on the ground Poor lighting Uneven surface _____

6. If incident involved one of the following crimes related to **persons**, please check the appropriate box.

- Aggravated Assault Negligent manslaughter Murder/Non-Negligent manslaughter Bomb threat
- Sex offense: non-forcible Sex offense: forcible Simple assault Robbery

Did it appear that the victim was targeted because of race, gender, religion, ethnicity or disability? Yes No

7. If incident involved one of the following crimes related to **property**, please check the appropriate box.

- Motor Vehicle Theft Theft Arson Vandalism Burglary

8. If incident involved one of the following **disciplinary actions**, please check the appropriate box.

- Liquor Law Violation Drug Law Violation Illegal Weapons possession

9. Additional Witnesses (If Any)

Name _____	Name _____	Name _____
City _____	City _____	City _____
State _____ Zip _____	State _____ Zip _____	State _____ Zip _____
Phone _____	Phone _____	Phone _____
Email _____	Email _____	Email _____

10. Reported by _____ Phone _____