

Date and Time of the Incident:		
Location of the Incident: <input type="checkbox"/> Campus <input type="checkbox"/> Mall Site		
Room # or Area:		
Nature of the Incident:		
<input type="checkbox"/> Fall/personal injury	<input type="checkbox"/> Vandalism	
<input type="checkbox"/> Vehicle accident	<input type="checkbox"/> Student discipline	
<input type="checkbox"/> Theft	<input type="checkbox"/> Threat	
<input type="checkbox"/> Violence	<input type="checkbox"/> Other:	
Name of Person(s) Involved:		
Was this person a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, student's EMPLID#:		
Please check the relevant descriptors for the person involved.		
<input type="checkbox"/> Male	<input type="checkbox"/> Caucasian	Distinguishing characteristics:
<input type="checkbox"/> Female	<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Unknown/uncertain	<input type="checkbox"/> Asian	Clothing:
	<input type="checkbox"/> Hispanic	
	<input type="checkbox"/> Other	
If not a student, what was the purpose for being at NRCC?		
Were the police called? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Responding agency and officer(s):		
Was security called? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Responding officer:		
Was any other college official notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who?		
Was first aid provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Explain:		
If transported by EMS, to which medical facility?		

