

## INCIDENT REPORT

Date and Time of the Incident:		
Location of the Incident: <input type="checkbox"/> Campus <input type="checkbox"/> Christiansburg site Room # or Area:		
Nature of the Incident:		
<input type="checkbox"/> Fall/personal injury <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Theft <input type="checkbox"/> Violence	<input type="checkbox"/> Vandalism <input type="checkbox"/> Student discipline <input type="checkbox"/> Threat <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"/> Female <input type="checkbox"/> Unknown/uncertain	<input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Distinguishing characteristics:   Clothing:
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?		

*Continued on reverse*

[illegible]

Witness(es)/Other responder(s), if applicable

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Submitted/prepared by:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**Copies - FAM involved with the incident**

Dean of Student Services (if a student is involved)