



Adrian College Incident Report Summary

Case # _____ **Nature of Incident** _____
(Contact Campus Safety for assigned case #)

Location (Bldg/Room) _____ **Alcohol Involved? (check one)** Y N U

Date of Incident _____ **Time of Incident** am pm **Date Reported** _____

Reported by (print name) _____ **Position** _____

Name(s) of Person(s) Accused	ID #	Phone #	Address	Ridge Box	Violation #(s)

If more names need to be listed, attach additional summary sheet. If ID number is other than Adrian College ID# (e.g. driver's license or Social Security Number), please indicate type of number. If person involved is not a student, write "NS" or "not student" in "ID#" column. Acquire and record as much information (address, etc.) as possible. Use two lines for one person if needed to record information.

Names of Witnesses/Complainants	Phone #	Address	Ridge Box

If more names need to be listed, attach additional summary sheet.

Vehicle Year, Make & Model (e.g., 1996 Ford Taurus sedan)	Color	State & License/AC Permit #

Attach Narrative Description of Incident

Office Use Only Below

Federal: Crime Reported

Fed Violation 1 _____	MR Murder	AS Aggravated Assault	LR Larceny
Fed Violation 2 _____	MN Manslaughter	RB Robbery	VT Vehicle Theft
Fed Violation 3 _____	RP Rape	BG Burglary	AR Arson

Federal: Number of Arrests Made For Liquor (LIQR) _____ Drug (DRUG) _____ Weapons (WEAP) _____

File Status Log: File closed Log: File inactive

Signature of hearing/investigating administrator

Date