

Prepare and transmit IMMEDIATELY upon knowledge of incident.

| | |
|-------------|---------|
| REPORTED BY | WITNESS |
|-------------|---------|

| | | |
|--------------|------------------------|------------------------|
| TODAY'S DATE | DATE OF INCIDENT/CRIME | TIME OF INCIDENT/CRIME |
|--------------|------------------------|------------------------|

CHECK ONE OR MORE: ACCIDENT INJURY FIRE MEDICAL OTHER

BRIEFLY DESCRIBE WHAT HAPPENED AND WHERE IT HAPPENED (use attachments if needed)

| | | | |
|-----------------|-----------|---------|-----|
| PERSON INVOLVED | PHONE NO. | ADDRESS | SS# |
|-----------------|-----------|---------|-----|

| | | | |
|-------------------|-----------|---------|-----|
| WITNESS/WITNESSES | PHONE NO. | ADDRESS | SS# |
|-------------------|-----------|---------|-----|

ACTION TAKEN

CRIME REPORT

| | |
|---|-----------------------|
| <input type="checkbox"/> THEFT <input type="checkbox"/> VANDALISM <input type="checkbox"/> FIGHT <input type="checkbox"/> OTHER | Porterville PD Case # |
|---|-----------------------|

BRIEFLY DESCRIBE WHAT HAPPENED AND WHERE IT HAPPENED (use attachments if needed)

INJURIES:

| | | |
|------------------------|-----------|---------|
| Name of Victim/Victims | PHONE NO. | ADDRESS |
|------------------------|-----------|---------|

| | | |
|---------------------------|-----------|---------|
| Name of Witness/Witnesses | PHONE NO. | ADDRESS |
|---------------------------|-----------|---------|

| | | |
|--|-----------|---------|
| | PHONE NO. | ADDRESS |
|--|-----------|---------|

| | |
|-----------------|--|
| Name of Suspect | <input type="checkbox"/> PERSON ARRESTED |
|-----------------|--|

COMMENTS

Completion of this form does not preclude student(s) involved from filling out students' insurance form in the Business Office.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Forward form to **Maintenance & Operations**

| | | | |
|--------------------------------|---|---|---|
| M&O use only: | <input type="checkbox"/> Facilities Director | <input type="checkbox"/> President | <input type="checkbox"/> Vice-President |
| Date received: | <input type="checkbox"/> Security Coordinator | <input type="checkbox"/> H.R. (Staff/student worker injuries) | |
| <input type="checkbox"/> Other | | | |

PORTERVILLE COLLEGE INCIDENT REPORT - supplemental Case No.

Prepare and transmit IMMEDIATELY upon knowledge of incident.

REPORTED BY

WITNESS

TODAY'S DATE

DATE OF INCIDENT/CRIME

TIME OF INCIDENT/CRIME

CHECK ONE OR MORE:

ACCIDENT

INJURY

FIRE

MEDICAL

OTHER

BRIEFLY DESCRIBE WHAT HAPPENED AND
WHERE IT HAPPENED (use attachments if needed)