

**University of the Cumberland**  
**Campus Incident Report**

This initial report is intended to advise University officials of unusual events and the immediate response by University personnel. Additional reporting may be required.

	<b><u>Emergency</u></b>	<b><u>Non-Emergency</u></b>	<b><u>Criminal Report</u></b>	<i>Occurrence</i>	<i>Arrest</i>
Medical Accident	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Violations	<input type="checkbox"/>	<input type="checkbox"/>
Accidental Injury	<input type="checkbox"/>	<input type="checkbox"/>	Arson	<input type="checkbox"/>	<input type="checkbox"/>
			Assault	<input type="checkbox"/>	<input type="checkbox"/>
Automobile Accident	<input type="checkbox"/>	<input type="checkbox"/>	Burglary/Theft	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous/Toxic Materials	<input type="checkbox"/>	<input type="checkbox"/>	Drug Related Violations	<input type="checkbox"/>	<input type="checkbox"/>
Safety-Security	<input type="checkbox"/>	<input type="checkbox"/>	Menacing	<input type="checkbox"/>	<input type="checkbox"/>
Facility Problem	<input type="checkbox"/>	<input type="checkbox"/>			
Maintenance Event	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Alarm-Non Event	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Theft	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm-Fire Incident	<input type="checkbox"/>	<input type="checkbox"/>	Reckless Homicide	<input type="checkbox"/>	<input type="checkbox"/>
Unauthorized Access to Building	<input type="checkbox"/>	<input type="checkbox"/>	Robbery	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Threats to Person or Building	<input type="checkbox"/>	<input type="checkbox"/>	Sex Offenses-Forcible	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	Sex Offenses-non Forcible	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Category Of Prejudices</u></b>			Terroristic Threatening	<input type="checkbox"/>	<input type="checkbox"/>
Bias-Prejudices	<input type="checkbox"/>	<input type="checkbox"/>	Wanton Endangerment	<input type="checkbox"/>	<input type="checkbox"/>
			Weapons Possession	<input type="checkbox"/>	<input type="checkbox"/>

Date of Incident: \_\_\_\_\_

Time of Discovery: \_\_\_\_\_ a.m. / p.m.

Building or area of Incident: \_\_\_\_\_

Reported to University Supervisor: YES / NO

Police Report filed: YES / NO

Who? \_\_\_\_\_

When? \_\_\_\_\_

**Description of incident:** (Give full details including location, names, phone numbers and any witnesses)

\* Use back or additional sheets

Disposition: (Describe any action taken by University personnel or other emergency personnel.)

This report submitted by: \_\_\_\_\_

**Return as soon as possible to the Office of Support Operations, Gatliff Administration Building.**

**1-08**

