



Name of Property			
Property Address	Street Address	City	State Zip Code
Phone Number		PSB Staff/Coach	
Report Completed by			

Victim's Name		Date of Incident	___ / ___ / ___
Age / Sex	_____ Male / Female	Approximate Time	__:__ AM or PM
Address	Street Address	City	State Zip Code
Home Phone	()	Work Phone	()
Victim was (circle one)	1. child 2. parent 3. visitor of a guest 4. other _____		

<u>LOCATION</u>	<u>INCIDENT TYPE</u>
1. court 2. bleachers 3. storage area 4. hallway 5. elevator 6. parking lot 7. grounds 8. stairs 9. other _____	1. rape / attempt 2. death 3. slip and fall 4. other personal injury 5. harassment 6. burglary/attempt 7. theft 8. vandalism 9. cash \$ _____ 10. other

Amount of reported loss (if applicable) – Include ALL items missing or damaged – attach another sheet if necessary:

Explain reported circumstances surrounding the incident (show what, how – state source of information) i.e., don't say "guest tripped and fell" when you mean to say, "guest SAYS they tripped and fell." Focus on **FACTS** not opinion – attach another sheet if necessary.

Were emergency personnel notified? YES / NO If yes, state date/time _____ Phone () _____

Did emergency personnel respond? YES / NO If yes, state date/time _____ Report/Case Number: _____

Name of responding person _____ *Obtain a copy of the emergency report and submit as a supplement to this report.*