



# CSA CRIME INCIDENT REPORT FORM



This form should be completed by those individuals identified as “Campus Security Authorities” who are required to report information they receive about specified crimes (described below) pursuant to the federal *Clery Act*. The information collected from these forms will be used to prepare a compilation of statistical information that will be included in the campus Annual Security Report. It is the policy of the MCCC College Police Department to ensure that victims and witnesses to crime are aware of their right to report criminal acts to the police. However, if a reporting person requests anonymity, this request must be honored to the extent permitted by law. Accordingly, no information should be included on this form that would personally identify the victim without his/her consent.

College Police will use this form to determine the category of crime and location under which the crime should be reported according to the requirements of the *Clery Act*. Please forward this completed form to: Police Commander at the EMCC College Police Office.

Campus Security Authority Completing Report:

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Report Made By:

\_\_\_\_ Victim  
 \_\_\_\_\_ Victim’s name (with victim consent): \_\_\_\_\_

\_\_\_\_ Third Party (please identify relationship to victim): \_\_\_\_\_

Type of Incident being reported:

- |                           |                              |                               |
|---------------------------|------------------------------|-------------------------------|
| ____ Murder               | ____ Sexual Offense Forcible | ____ Sex Offense Non-Forcible |
| ____ Aggravated Assault   | ____ Burglary                | ____ Robbery                  |
| ____ Motor Vehicle Theft  | ____ Arson                   |                               |
| ____ Liquor Law Violation | ____ Drug Law Violation      | ____ Weapons Law Violation    |
| ____ Liquor Law Referral  | ____ Drug Law Referral       | ____ Weapons Law Referral     |

Date and Time Incident Occurred: \_\_\_\_\_

Description of the Incident/Crime: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Location of Incident** (identify building name, room number, address, etc.; be as specific as possible): \_\_\_\_\_  
\_\_\_\_\_

The location where this incident occurred was:

\_\_\_\_\_ On campus

\_\_\_\_\_ Off campus affiliated property (owned, controlled, or affiliated with the campus)

\_\_\_\_\_ Off campus public property immediately adjacent to campus

\_\_\_\_\_ Unknown

**Sex Offenses**

Examples of sex offenses are rape, sodomy, sexual assault with an object, fondling, incest, and statutory rape.

If the crime was a sexual offense:

Were the victim and the assailant known to each other? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were either the victim or the assailant under the influence of alcohol or drugs?

Victim: alcohol - Yes \_\_\_\_\_ No \_\_\_\_\_      drugs - Yes \_\_\_\_\_ No \_\_\_\_\_

Assailant: alcohol - Yes \_\_\_\_\_ No \_\_\_\_\_      drugs – Yes \_\_\_\_\_ No \_\_\_\_\_

**Hate Crimes**

Hate crime information is required to be reported for each of the following crimes: criminal homicide, sex offense, robbery, aggravated assault, burglary, motor vehicle theft, arson, larceny-theft, simple assault, intimidation, or destruction, damage, or vandalism of property, and for any other crime involving bodily injury.

Was this incident motivated by hate or bias? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, identify the category of prejudice:

\_\_\_\_\_ Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ National Origin \_\_\_\_\_ Gender

\_\_\_\_\_ Religion \_\_\_\_\_ Disability \_\_\_\_\_ Sexual Orientation \_\_\_\_\_ Gender Identity

If yes, provide a brief explanation of the determination:

\_\_\_\_\_  
\_\_\_\_\_

**To your knowledge, has this crime been reported to another police agency:** \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, do you know what agency: \_\_\_\_\_