

**Bethune-Cookman University-Daytona Beach Campus**  
**Office of Safety and Security (386) 481-2900**  
**Incident Report**

LOCATION OF OCCURANCE / ADDRESS							RELATED NO.				
CODE SECTION		CRIME DESCRIPTION			CLASSIFICATION		LOSS		RECOVERY		
DATE AND TIME FROM		DATE AND TIME REPORTED		<input type="checkbox"/> PROPERTY	<input type="checkbox"/> ALCOHOL	COPIES TO		DBPD CASE #			
DATE AND TIME TO		ENTERED BY		<input type="checkbox"/> TRAFFIC	<input type="checkbox"/> ARREST	<input type="checkbox"/> Judicial AFF	<input type="checkbox"/> FACILITIES				
				<input type="checkbox"/> GANG	<input type="checkbox"/> WEAPON	<input type="checkbox"/> INVEST.	<input type="checkbox"/> RISK MANAGEMT	APPROVED INVESTIGATION			
				<input type="checkbox"/> DOM. VIOLENCE		<input type="checkbox"/> DEAN/STD AFF	<input type="checkbox"/> Attorney	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
						<input type="checkbox"/> HOUSING	<input type="checkbox"/> OTHER				
<b>LEGEND - INV.</b> <b>RO = Reporting Officer   RP = Reporting Person   A = Arrested   S = Suspect   V = Victim   C = Complainant</b> <b>W = Witness   PI = Person w/info.   O = Other</b>											
<b>LEGEND - TYPE</b> <b>S = Student   ST = Staff   F = Faculty   CE = Contract Employee   WF = W.F.F. Employee   V = Visitor   O = Other</b>											
<b>PERSON #1</b>											
INV	NAME - LAST, FIRST, MIDDLE			RACE	SEX	AGE	D.O.B.	HT	WT	HAIR	EYE
RESIDENCE ADDRESS, ZIP CODE							CELL PHONE		RESIDENCE PHONE		
BUSINESS ADDRESS (SCHOOL IF JUVENILE)							BCU E-mail		BUSINESS PHONE		
TYPE		SSN		BCU SIID #			MAJOR				
DRIVER'S LICENSE NUMBER											
<b>PERSON #2</b>											
INV	NAME - LAST, FIRST, MIDDLE			RACE	SEX	AGE	D.O.B.	HT	WT	HAIR	EYE
RESIDENCE ADDRESS, ZIP CODE							CELL PHONE		RESIDENCE PHONE		
BUSINESS ADDRESS (SCHOOL IF JUVENILE)							BCU E-MAIL		BUSINESS PHONE		
TYPE		SSN		BCU SIID #			MAJOR				
DRIVER'S LICENSE NUMBER											
<b>PERSON #3</b>											
INV	NAME - LAST, FIRST, MIDDLE			RACE	SEX	AGE	D.O.B.	HT	WT	HAIR	EYE
RESIDENCE ADDRESS, ZIP CODE							CELL PHONE		RESIDENCE PHONE		
BUSINESS ADDRESS (SCHOOL IF JUVENILE)							BCU E-MAIL		BUSINESS PHONE		
TYPE		SSN		BCU SID #			MAJOR				
DRIVER'S LICENSE NUMBER											
<b>PERSON #4</b>											
INV	NAME - LAST, FIRST, MIDDLE			RACE	SEX	AGE	D.O.B.	HT	WT	HAIR	EYE
RESIDENCE ADDRESS, ZIP CODE							CELL PHONE		RESIDENCE PHONE		
BUSINESS ADDRESS (SCHOOL IF JUVENILE)							BCU E--MAIL		BUSINESS PHONE		
TYPE		SSN		BCU SID #			MAJOR				
DRIVER'S LICENSE NUMBER											