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 MCCCD Department of Public Safety 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.

Campus 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 SCC Public Safety 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: ____________________________________________________________