

CLEVELAND MUNICIPAL SCHOOL DISTRICT
 DIVISION OF SAFETY AND SECURITY
 1380 East Sixth Street
 Cleveland, Ohio 44114
 (216) 574-8552

INCIDENT REPORT

YES NO

ON SCHOOL PROPERTY

GANG RELATED

REGION: _____

Incident Report # _____

Event # _____

INCIDENT LOCATION ADDRESS OR NAME:			SCHOOL NUMBER:		
INCIDENT TITLE (S):		DAY OF WEEK:	DATE:	TIME:	
If time of incident is unknown use these blocks to give the start and stop of the time span during which the incident occurred.					
Victim _____ NAME:	SEX:	D.O.B.:	RACE:	CMSD ID OR SSAN:	
Suspect _____					
Other _____					
ADDRESS & ZIP CODE:		TELEPHONE #:	GUARDIAN IF JUVENILE:		
Victim _____ NAME:	SEX:	D.O.B.:	RACE:	CMSD ID OR SSAN:	
Suspect _____					
Other _____					
ADDRESS & ZIP CODE:		TELEPHONE #:	GUARDIAN IF JUVENILE:		
Victim _____ NAME:	SEX:	D.O.B.:	RACE:	CMSD ID OR SSAN:	
Suspect _____					
Other _____					
ADDRESS & ZIP CODE:		TELEPHONE #:	GUARDIAN IF JUVENILE:		
CPD CALLED: YES _____ NO _____, REPONDED: YES _____ NO _____, CAR # _____ BADGE #S _____, _____, _____ ARREST MADE: YES _____ NO _____, ARRESTING OFFICER'S NAME _____ BADGE _____ CONFISCATION MADE: YES _____ NO _____, ITEM _____, CONFISCATING OFFICER _____ BADGE IF CPD _____					
CPD CALLED: YES _____ NO _____, REPONDED: YES _____ NO _____, UNIT #S _____, _____, _____ BUILDING ECAVUATED: YES _____ NO _____, TIME STARTED _____ TIME RETURNED TO BUILDING _____ DAMAGE TO BUILDING: YES _____ NO _____, IF DAMAGE ESTIMATE VALUE \$ _____					
EMS CALLED: YES _____ NO _____, REPONDED: YES _____ NO _____, UNIT #S INCLUDING ANY CFD _____, _____, _____ INJURIES: YES _____ NO _____, NUMBER MINOR _____, SERIOUS _____, SEVERE _____, FATAL _____ TRANSPORTS: YES _____ NO _____, NUMBER TRANSPORTED _____, TRANSPORTED TO _____					
OTHER AGENCY CALLED: _____ REPONDED: YES _____ NO _____ PERSON CONTACTED: _____					
PERSON SUBMITTING THIS REPORT (Print Name) _____ SIGNATURE _____ DATE OF REPORT: _____					
PERSON TAKING CALL: _____					
SUPERVISOR'S RECOMMENDATION					
FOLLOW UP: _____ CLOSE: _____ REFERRED TO: _____ FINAL ACTION: _____ _____ SIGNATURE: _____ DATE: _____					

