Murray State University GENERAL INCIDENT REPORTING FORM							
1	Criminal Non-Criminal Medical Fire 2 Title of Report					3 Police Case #	
TN	Residential Non-Residential 5 KRS/Code					☐ Day	
CIDENT	8 Location of Occurrence (Street Address)	9 City	9 City		Outside 11 Zip	□ Night	
INC	12 Day of Week/Date/Time of Occurrence (From-To)	13 Estimated Time	13 Estimated Time of Occurrence		14 Date/Time Received		
	15 Weather						
	17 Check all that Apply Reporter Victim 18 Name (Last, First, Middle) 19 Date of Birth 20 Social Security Number						
1#1	Suspect Witness Other 21 Type Individual Business 22 Sex 23 Race Black 24 National Origin 25 Marital Status 26 Occupation Gov't Society Other Male Female White Asian Hispanic Non-Hispanic Non-Hispan						
INVOLVED	27 Home of Record Address	☐ Hispanic ☐ Non-Hispanid ☐ M☐ S☐ D		29 State 30 Zip			
	31 Local Address	32 City	32 City		34 Zip		
_	35 Home of Record Phone 36 Local Phone 37 Victim/Offender Relation (if applicable)						
	38 Check all that Apply Reporter Victim 39 Name (Last, First, Middle)		40 Date of Birth		41 Social Security Number		
D #2	Suspect Witness Other 42 Type Individual Business 43 Sex 44 Race Black 45 National Origin 46 Marital Status 47 Occupation						
VE	□Gov't □Society □ Other □Male□Female □ White □ Asian 48 Home of Record Address	Hispanic Non-Hispanid M S 49 City		50 State	51 Zip		
NVOLVE	52 Local Address	53 City		54 State	55 Zip		
I	56 Home of Record Phone 57 Local Phone 58 Victim/Offender Relation (if applicable)						
illeber	59 Check all that Apply Reporter Victim 60 Name (Last, First, Midd	lle)		61 Date of Birth 62 S	ocial Security Num	ber	
	63 Type						
LVED	69 Home of Record Address	70 City		71 State 72 Zip			
NVOL	73 Local Address	74 City	74 City		5 State 76 Zip		
_	77 Home of Record Phone 78 Local Phone	79	79 Victim/Offender Relation (if applicable)				
	80 How Injured: Accidental Assaulted Self Inflicted Sexual Assault Other						
Y	81 Nature of Injuries:						
NJURY	32 Extent of Injuries: Apparent Broken Bones Possible Internal Injuries Severe Lacerations Apparent Minor Injuries None Other Major Injuries Loss of Teeth Unconscious						
IN	Action Taken: Transported Refused Treatment 84 Removed From:		:	85 то:			
	86 Removed By: 87 Attending Physician 88 If rape, was examination performed					rmed?	
_	89 CODES TO BE USED: 1-NONE 2-BURNED 3-COUNTERFEIT/FORGED 4-DESTROYED/DAMAGED 5-RECOVERED 6-SEIZED Code Quantity Description (Size, Color, Make, Model, Condition, Etc.) Serial #, Owner Applied #, Distingui				UNKNOWN Value		
ERT						, and o	
PROPERTY					8		
_							
90 Referred for Action (R) and Notification (N) list. Check all that apply. 91 Location Type. Check all that apply.							
☐ University Police ☐ Counseling and Testing ☐ University Property ☐ Private Property ☐ Private Property ☐ Housing ☐ Family Member/Emergency Contact ☐ On Main Campus							
☐ Information Services ☐ Other Police Agency ☐ Off Main Campus ☐ Public Property contiguous to campus ☐ Property owned by officially recognized student organization							
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Murray State University GEN	ERAL INCIDENT	REPORTING FORM Incident #	
Description of events and imme	ediate action taken. Inclu	de any predisposing or unusual factors involved.	
Criminal Non-Criminal Title of Report		KRS/Code (for	Police Reports)
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			<i>J</i>
92 KENTUCKY REVISED STATUTE 519.040 (Class A Mil A PERSON IS GUILTY OF FALSELY REPORTING (a) falsely implicate another: (b) furnish false information related to the o	G AN INCIDENT WHEN (c) falsely rep	I THEY port an offense, knowing it did not occur:	ca or alarm
Reporter's Signature			
93 Employee's Name/Signature	94 Employee #	95 Approving Supervisor's Name/Signature	Serious Incident Form?
96 Officer's Name/Signature	97 Officer #	98 Supervisor's Name/Signature	Follow-up Needed?