



IMPERIAL VALLEY COLLEGE
 Campus Safety & Parking Control Department
 380 E. Aten Road, Imperial, CA. 92251
 (760) 355-6308

OFFICE USE ONLY:

IVC CASE #:

Victim Reporting Party Person of Interest Witness Person Involved IR# _____

Name: _____ G#: _____
 Last First MI

Address: _____
 Number Street City State Zip

Telephone #: _____ Email Address: _____

DOB: _____ Sex: _____ Race: _____ Hair Color: _____ Eyes: _____

Height: _____ Weight: _____ Check one: Student Guest/Visitor Faculty Staff

Date Incident Occurred: _____ Day Of The Week (circle one): M T W TH F S SU

Time of Incident: ____:____ am/pm Location of Incident: _____

Date Incident Reported: _____ Time Reported: ____:____ am/pm Reported to: _____

- Murder Rape Fondling Incest Statutory rape Robbery with a firearm Robbery w/ a knife or cutting object
- Robbery w/other dangerous weapon Robbery strong arm Aggravated assault w/firearm Aggravated assault w/ a knife or cutting object
- Aggravated assault w/ other dangerous weapon Aggravated assault w/ hands, fists, feet & teeth burglary forcible entry
- Burglary unlawful entry-no force Burglary attempted forcible entry Motor vehicle theft Arson Illegal weapons possession
- Drug law violation Liquor law violation Domestic violence Stalking Other: _____

Was law enforcement notified? Yes No Responding Agency: CHP ICSO Other: _____

LE Reference #: _____ LE Violation: _____

Student's signature: _____ Date: _____

Campus Safety Officer: _____ Badge #: _____ Date: _____

Please give a brief description of what occurred:

INJURY/ILLNESS REPORT

Date Incident Occurred: _____ Day Of The Week (circle one): M T W TH F S SU

Location of incident: _____ Time of injury: _____

1. To whom was the injury/illness reported to? _____

2. What was the person doing just before the incident occurred? _____

3. Injury/Illness description: _____

4. Injured body part or illness: _____

5. Action taken/ medical treatment: _____

INJURY/ILLNESS REPORT CONTINUED

- 6. Paramedics called? Yes No Agency: _____
- 7. Was the person transported to the hospital? Yes No
- 8. Who transported the individual? _____
- 9. What hospital were they taken to? _____

Other information:

BY SIGNING BELOW, I HEREBY REFUSE ANY FURTHER MEDICAL ATTENTION FOR MY INJURY OR ILLNESS	
<p>_____</p> <p>Victim's Signature</p> <p>_____</p> <p>Witness's Name</p>	<p>_____</p> <p>Date</p> <p>_____</p> <p>Contact Phone Number</p>

MOTOR VEHICLE ACCIDENT

Diver's Name: _____ DOB: _____ Telephone: _____

First Last MI

Driver's License #: _____ Exp. _____ Vehicle's License Plate: _____ State: _____

VIN #: _____ Vehicle: _____ Model: _____ Year: _____ Color: _____

R/O: _____ Address: _____

Insurance Company Name: _____ Policy #: _____

Ins. Company Phone: _____ Ins. Company Address: _____

Describe Vehicle Damage: _____

Other Party's Information

Diver's Name: _____ DOB: _____ Telephone: _____

First Last MI

Driver's License #: _____ Exp. _____ Vehicle's License Plate: _____ State: _____

VIN #: _____ Vehicle: _____ Model: _____ Year: _____ Color: _____

R/O: _____ Address: _____

Insurance Company Name: _____ Policy #: _____

Ins. Company Phone: _____ Ins. Company Address: _____

Describe Vehicle Damage: _____

Please attach any additional documents to form



Please submit completed form to:
 Imperial Valley College
 Campus Safety & Parking Control Department Office 902
 380 E. Aten Rd. Imperial, CA 92251
 Phone: (760) 355-6308 or (760) 355-6306