



## Crime Incident Report Form

This form should be completed by individuals identified as “campus security authorities” who are required to report information they receive about crimes pursuant to the federal *Clery Act*. The information collected from these forms will be used to prepare a compilation of statistical crime information that will be included in the campus’ Annual Security Report. It is the policy of Boston University to ensure that victims and witnesses are aware of their right to report criminal acts to the police, and to report University policy violations to the appropriate office (e.g., student conduct violations to the Office of Student Judicial Affairs). However, if a reporting person requests anonymity, this request must be honored to the extent permitted by law. If the person reporting this crime to you does not wish to be personally identified, please complete the form to the best of your ability without identifying that person. BU 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*. If the BU police are contacted, your reporting requirement is met and this form does NOT need to be completed.

**If the person reporting this to you is willing to speak directly with the BU police, call immediately at 617-353-2121. An officer will be dispatched to assist you.**

Return this completed form to the Boston University Police Department

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| <ul style="list-style-type: none"> <li>• Mail<br/>Boston University Police Department<br/>c/o Deputy Chief Scott Pare<br/>32 Harry Agganis Way<br/>Boston, MA<br/>02215</li> </ul> | <ul style="list-style-type: none"> <li>• Fax<br/>617-353-5534</li> <li>• Emergency<br/>617-353-2121</li> <li>• Business<br/>617-353-2110</li> </ul> | <ul style="list-style-type: none"> <li>• Email<br/><a href="mailto:bupolice@bu.edu">bupolice@bu.edu</a></li> <li>• Online<br/><a href="http://www.bu.edu/police">www.bu.edu/police</a></li> </ul> |
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<b>Section 1 - Campus Security Authority - Please identify yourself and the person reporting this to you.</b>		
(identify yourself here)	(identify person reporting here)	
Name: _____ Title: _____ Dept: _____ Phone: _____ Email: _____	<input type="checkbox"/> Person does not wish to be identified Name: _____ Address: _____ Phone: _____ Email: _____	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Other: (please explain) _____
<b>Section 2 – Location of incident – please be as specific as possible.</b>		
<ul style="list-style-type: none"> <li>• If incident occurred inside a building or parking structure, identify the address, building name, floor, and room number.</li> <li>• If incident occurred outside, describe the nearest street address or intersection, whether on the street, sidewalk, park, or inside a vehicle. Be as specific as possible, include any nearby landmarks.</li> </ul>		
Address: _____ Building name, floor, unit # _____ City / State: _____ Further description: _____ _____	<input type="checkbox"/> Occurred inside <ul style="list-style-type: none"> <li><input type="checkbox"/> Dormitory</li> <li><input type="checkbox"/> Academic building</li> <li><input type="checkbox"/> Parking structure</li> <li><input type="checkbox"/> Other building</li> </ul> <input type="checkbox"/> Occurred outside <ul style="list-style-type: none"> <li><input type="checkbox"/> Street</li> <li><input type="checkbox"/> Sidewalk</li> <li><input type="checkbox"/> Park</li> <li><input type="checkbox"/> Vehicle or Transit system</li> </ul>	
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**Section 3** - Description of incident - As clearly as possible, describe the incident as reported to you.

- Describe how, when and where the incident occurred.
- Describe the nature of the injury to the
- Describe how and when the incident was reported to you
- Check the boxes that apply to this

To the best of your ability, indicate which of the following apply to this incident

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|--|--|
| <input type="checkbox"/> Murder and Non-Negligent Manslaughter | <input type="checkbox"/> Alcohol, Drug, or Weapons violation in which the person was either: |
| <input type="checkbox"/> Negligent Manslaughter                | <input type="checkbox"/> Summoneed, cited, or arrested by police <u>or</u>                   |
| <input type="checkbox"/> Forcible Sex Offenses                 | <input type="checkbox"/> Referred for internal BU judicial proceedings                       |
| <input type="checkbox"/> Non-Forcible Sex Offenses             | <input type="checkbox"/> Hate Crime – any crime committed with a bias toward the victim’s    |
| <input type="checkbox"/> Robbery                               | <input type="checkbox"/> Race  |
| <input type="checkbox"/> Aggravated Assault                    | <input type="checkbox"/> Gender  |
| <input type="checkbox"/> Burglary                              | <input type="checkbox"/> Gender Identity   |
| <input type="checkbox"/> Motor Vehicle Theft                   | <input type="checkbox"/> Religion  |
| <input type="checkbox"/> Domestic Violence                     | <input type="checkbox"/> Sexual Orientation  |
| <input type="checkbox"/> Dating Violence                       | <input type="checkbox"/> Ethnicity   |
| <input type="checkbox"/> Stalking                              | <input type="checkbox"/> National Origin   |
|  | <input type="checkbox"/> Disability  |

Narrative

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**Please attached additional sheets or typed pages – take as much space as you need.**