



IMPERIAL VALLEY COLLEGE
Campus Safety & Parking Control Department
PO Box 158 Imperial, CA. 92251
(760) 355-6308

OFFICE USE ONLY:

IVC CASE #:

Victim Reporting Party Person of Interest Witness Person Involved IR#

Name: Last First MI G#:

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**

_____	_____
<b>Victim's Signature</b>	<b>Date</b>
_____	_____
<b>Witness's Name</b>	<b>Contact Phone Number</b>

**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/FAX: (760) 355-6309