SALISBURY UNIVERSITY CRIME STATISTIC REPORT FORM

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If you are a Campus Security Authority and a crime has been reported to you, please complete this form and send it to University Police via campus mail, email (universitypolice@salisbury.edu) or fax (410-543-6221).

(410-543-6221).						
NAME OF CAMPUS SECURITY AUTHORITY:						
CSA's PHONE NUMBER:						
INCIDENT TYPE (see definitions page):						
Murder and non-negligent manslaughter		s (check below the t	ype of bias):			
Manslaughter by negligence	5	D !! !	E4 12			
☐ Rape	Race	Religion _	Ethnicity			
☐ Fondling ☐ Incest	Gender	Disability	Sexual			
Statutory Rape			Orientation			
Robbery						
Aggravated assault	Gender IdentityNational Origin					
Burglary	The following gring a good only be generated if the victim		rapartad if the vietim			
☐ Arson ☐ Motor vehicle theft	The following crimes need only be reported if the victim was targeted specifically because of a hate bias against					
Domestic violence	the victim:					
Dating Violence						
☐ Stalking	☐ Simple assault					
Arrest or disciplinary referral for liquor law violation	Larceny-theft					
Arrest or disciplinary referral for drug law violation	Intimidation					
Arrest or disciplinary referral for weapons law violation	☐ Destruction/Damage/Vandalism of property					
NAME OF VICTIM OR WITNESS:						
VICTIM'S PHONE NUMBER:						
LOCATION OF THE INCIDENT (building name,						
street address, etc.):						
Where did the crime occur? (please check one):	Building	_StreetSidewa	alk ☐Parking Lot			
Did the crime occur on University owned,						
controlled or leased property?	☐ Yes ☐ No					
Did the crime occur at a University-sponsored						
activity or event?	☐ Yes ☐ No					
DATE INCIDENT OCCURED:						
TIME INCIDENT OCCURRED:						
BRIEF DESCRIPTION	OF THE INC	IDENT				
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