

SAVANNAH TECHNICAL COLLEGE

5717 White Bluff Rd.; Savannah, GA 31405
912-443-5700(main)/ 912-356-2300(security)

REPORTING PERSON:

CASE #:

INCIDENT TYPE(S):

INCIDENT DATE / TIME:

PHYSICAL LOCATION / PATROL AREA / SECTOR:

BUILDING / SPECIFIC LOCATION:

MANAGER/SUPERVISOR ON DUTY:

NOTIFIED (YES/NO):

CONTACT INFORMATION:

Name: _____ Phone #: _____

Address: _____ Birth date ___/___/___ Sex _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

INCIDENT NARRATIVE: Describe the details in full/ Indicating part(s) of the body affected. Use supplemental if necessary.

Prepared by: _____

Date: ___/___/___

