

Prince George's County Public Schools
**Security Incident Report And
 Self -Insurance Form**

Administrative Areas: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		CCN:		Security No.	
1. Complainant's Name		2. Title		3. Type of Incident	
4. Complainant's Address		5. Home Phone		6. Date Occurred	7. Time Occurred
8. City/State				9. Date Reported	10. Time Reported
11. Name of School		12. School Phone		13. Location of Incident	
14. Victim's Name		15. Race/Sex/DOB		16. Point of Entry	
17. Victim's Address		18. Home Phone		19. Means Used to Enter	
20. Victim's Condition		21. Parents Notified <input type="checkbox"/> Yes <input type="checkbox"/> No		22. Describe Weapon Used	
23. Description of Vehicle from which theft occurred. Year/make/Model/Tag #					
24. Suspect/Accused: Name/Address/Race/Sex/DOB/Hgt./Wgt./Hair/Type of haircut/scars/beard/clothing					
		25. Was Suspect Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Student <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
27. School Property <input type="checkbox"/> Yes <input type="checkbox"/> No		28. Total Value of Property \$		29. Personal Property <input type="checkbox"/> Yes <input type="checkbox"/> No	
				30. Value of Property \$	
31. Witness #1 Name Address			32. Home Phone		33. Business Phone
#2					
34. Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No		35. Officer's Name * Identification Number		36. Date Police Notified	37. Maint. Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Security Notified <input type="checkbox"/> Yes <input type="checkbox"/> No		39. Person Notified		40. Date Notified	41. Plant Oper. Not. <input type="checkbox"/> Yes <input type="checkbox"/> No
42. Bomb Threats/Arson: Bldg. Evac: <input type="checkbox"/> Yes <input type="checkbox"/> No		43. Fire Board Notification Name:		44. Time/Date	45. Did Fire Dept. Respond <input type="checkbox"/> Yes <input type="checkbox"/> No
46. NARRATIVE: Describe details of incident, include description of property lost, stolen or damaged, give value of each item, make, model and serial numbers, describe damage to building. (NOTE: If repairs to building are necessary submit a copy of this report to the Maintenance Dept.) Tell what action has been taken. Include in narrative a statement indicating what specific measures were taken to protect property lost or stolen.					
(Use reverse side if additional space is required.)					
Principal's Signature				Date	