California Lutheran University

Campus Safety

California Lutheran University

REPORT TYPE

Campus Safety 60 West Olsen Road #7300 Thousand Oaks, California 91360-2700 (805) 493-3208

CLU REPORT NUMBER						OUTSIDE AGENCY REPORT #						
DATE /TIME OF INCIDENT					DATE /TIME OF REPORT							
TYPE OF I	NCIDENT					<u> </u>						
LOCATION	I											
P: PA	RTY S: SU	JSPECT '	V: VICTIM	1 W:	WITNE	SS	RP: RE	POR	TING	PERS	ON S/O: S	SAFETY OFFICER
PARTY	LAST NAME			FIRST					MI	ID. NUMBER / DL. NUMBER		
ADDRESS	P.O.BOX	O.BOX APT.#			CITY		ST		ST		ZIP CODE	PHONE NUMBER
SEX	RACE	HT	WT	HAII	R E	EYES		DOB		•	AGE	ARRESTED
VEHICLE MAKE VEHICLE MO			E MO	DDEL LP. NUMBER / ST			ATE	YEAR	COLOR			
PARTY	LAST NAME			FIRST					MI	ID. NUMBER / DL. NUMBER		
ADDRESS	S P.O.BOX APT. #			CITY			ST	ZIP CODE		PHONE NUMBER		
SEX	RACE	HT	WT HAIF		R EYES		S DOB			AGE	ARRESTED	
VEHICLE MAKE VEHIC			VEHICL	CLE MODEL			LP. NUMBER / STATE			ATE	YEAR	COLOR
PARTY	LAST NAME				FIRST				MI	ID. NUM	ID. NUMBER / DL. NUMBER	
ADDRESS P.O.BOX APT.#			CITY			ST Z		ZIP CODE	PHONE NUMBER			
SEX	RACE	НТ	WT	HAII	R E	YES	S DOB		В	I	AGE	ARRESTED
VEHICLE MAKE VE			VEHICL	VEHICLE MODEL			LP. NUMBER / STATE			ATE	YEAR	COLOR
			1									1

Officer Name:	Date:	

PUBLIC DEPARTMENT CONTACTED	TIME NOTIFIED	TIME ARRIVED	REPRESENTATIVE

Officer Name: ______ Date: _____