

Crime Report

Building _____ Address _____

Victim: Tenant Employee Visitor Date _____

Name _____ Sex : Male Female

Address _____

City _____ State _____ Zip _____

Phone: Residence _____ Office _____

Description _____

Time of Incident _____ **Type of Incident** _____

Location _____

Description of Incident and Loss _____

Injuries Sustained _____

Medical Treatment Required: Yes No If Yes, Where Treated _____

Admitted: Yes No Name of Attending Physician _____

Other Remarks _____

Names and Addresses of Witnesses:

Report taken by _____ **Title** _____ **Date** _____

Were Police On Site? Yes No Which Agency? _____

Contact and Phone _____

Copy of Report Given to Police: Yes No

If Yes: Date _____ Given to _____

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