

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-1375.C**

Monthly Report of Accidents/Incidents

Campus: _____ **Report for Month Ending:** _____ **Submitted:** _____ **Date:** _____

Event Type	Number between 7AM - 3 PM	Number between 3 PM - 11 PM	Number between 11 PM - 7 AM	Total Incidents
Accidents (Requires Form RMI-2)				
Murder				
Aggravated Assault				
Sexual Offense (<input type="checkbox"/> Forcible <input type="checkbox"/> Non-Forcible)				
Robbery				
Negligent Manslaughter				
Burglary				
Motor Vehicle Theft				
Hate Crime				
Drug Law (<input type="checkbox"/> Arrest <input type="checkbox"/> Referral)				
Liquor Law (<input type="checkbox"/> Arrest <input type="checkbox"/> Referral)				
Weapons Possession (<input type="checkbox"/> Arrest <input type="checkbox"/> Referral)				
Injury				
Incident				
Other: _____				
Grand Total				

Estimated value of Destroyed Property
 Personal Property \$ _____
 State Property \$ _____
 Total \$ _____

Area with HIGHEST Incident Rate

Original: Director of Facilities and Campus Operations