



Clery Act Crime Incident Report Form

This form should be completed by campus security authorities who are required to report information they receive about crimes pursuant to the Clery Act. The information collected from these forms will be used to prepare a compilation of statistical crime information that will be included in the university's Annual Security Report.

It is the policy of Boston University to ensure that all involved are made aware of their right to report criminal acts to the police, and to report University policy violations to the appropriate office (e.g., student conduct violations to the Office of Student Judicial Affairs). However, if a reporting person requests anonymity, this request must be honored to the extent permitted by law. If the person reporting this crime to you does not wish to be personally identified, please complete the form to the best of your ability without identifying that person. BU Police will use this form to determine the category of crime and location under which the crime should be reported according to the requirements of the Clery Act. If the BU Police report to the scene, your reporting requirement is met and this form does NOT need to be completed.

If the person reporting this to you is willing to speak directly with the BU Police, call immediately at 617-353-2121. An officer will be dispatched to assist you.

Return this completed form to the Boston University Police Department

- Mail
Boston Univ. Police Department
Office of the Chief of Police
32 Harry Agganis Way
Boston, MA
02215
- Fax
617-353-5534
- Emergency
617-353-2121
- Business
617-353-2110
- Email
bupolice@bu.edu

Section 1 - Campus Security Authority - Please identify yourself and the person reporting this to you.		
(identify yourself here)	(identify person reporting here)	
Name: _____	<input type="checkbox"/> Person does not wish to be identified	<input type="checkbox"/> Victim
Title: _____	Name: _____	<input type="checkbox"/> Witness
Dept: _____	Address: _____	<input type="checkbox"/> Other: (please explain)
Phone: _____	Phone: _____	_____
Email: _____	Email: _____	
Section 2 – Location of incident – please be as specific as possible.		
<ul style="list-style-type: none"> • If incident occurred inside a building or parking structure, identify the address, building name, floor, or room number. • If incident occurred outside, describe the nearest street address or intersection, whether on the street, sidewalk, park, or inside a vehicle. Be as specific as possible, include any nearby landmarks. 		
Address: _____	<u>Occurred inside</u> <input type="checkbox"/> On Campus Student Housing Facility <input type="checkbox"/> Academic building <input type="checkbox"/> Parking structure <input type="checkbox"/> Other building	
Building name, floor, unit # _____	<u>Occurred outside</u> <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input type="checkbox"/> Park <input type="checkbox"/> Vehicle or Transit system	
City / State: _____		
Further description: _____ _____		

Section 3 - Description of incident - As clearly as possible, describe the incident as reported to you.

To the best of your ability, indicate which of the following apply to this incident

- | | |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Murder and Non-Negligent Manslaughter | <input type="checkbox"/> Alcohol, Drug, or Weapons violation in which the person was either: |
| <input type="checkbox"/> Negligent Manslaughter | <input type="checkbox"/> Summoned, cited, or arrested by police <u>or</u> |
| <input type="checkbox"/> Forcible Sex Offenses | <input type="checkbox"/> Referred for internal BU judicial proceedings |
| <input type="checkbox"/> Non-Forcible Sex Offenses | |
| <input type="checkbox"/> Robbery | |
| <input type="checkbox"/> Aggravated Assault | |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Hate Crime – any crime where the victim was intentionally selected because of the victim's: |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Race <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Motor Vehicle Theft | <input type="checkbox"/> Gender <input type="checkbox"/> Ethnicity |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Gender Identity <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Dating Violence | <input type="checkbox"/> Religion <input type="checkbox"/> Disability |
| <input type="checkbox"/> Stalking | |

Date & Time Incident Occurred: _____

Please describe the incident below in as much detail as you can.

Narrative

Please attach additional sheets or typed pages – take as much space as you need.