



SATELLITE INCIDENT REPORT

1. CASE NO.

 1A.
 PAGE _____ OF _____

INSTRUCTION: PLEASE PRINT AND USE BLACK INK (AREAS SHADED IN GREY ARE FILLED-IN BY PUBLIC SAFETY)
 COMPLETE THIS FORM FOR INCIDENTS OCCURRING AT YOUR LOCATION, EVEN IF NO LOSS RESULTED. AFTER COMPLETING THIS FORM MAKE A COPY AND KEEP IT IN A SECURE LOCATION FOR FUTURE REFERENCE/FOLLOW-UP. **PLEASE SEND YOUR FINISHED COPY TO PUBLIC SAFETY. IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THIS FORM OR THE INCIDENT YOU ARE REPORTING, CONTACT PUBLIC SAFETY AT (585) 275-3333. EMPLOYEE SHOULD USE THEIR WORK ADDRESS AND PHONE NUMBER.**

2. CODE SECTION 3. CATEGORY 4. CLASSIFICATION 5. SECTOR

6. NATURE OF OFFENSE/INCIDENT:
 DAMAGE THREAT/ANNOYANCE BREAK-IN
 EMPLOYEE PROBLEM THEFT
 VISITOR PROBLEM PATIENT PROBLEM
 OTHER _____

7. NAME OF SATELLITE LOCATION

7A. ADDRESS OF SATELLITE LOCATION

8. SPECIFIC LOCATION OF INCIDENT (BLDG., ROOM#, DEPT., ETC.)

9. DATE/TIME OF OCCURRENCE 10. DATE/TIME REPORTED 11. PROPERTY STOLEN: N/A PERSONAL UNIVERSITY PERSONAL UNIVERSITY 12. PROPERTY DAMAGED: UNIVERSITY N/A PERSONAL IF YES, VALUE: \$ _____

CODES FOR ALL PERSONS INVOLVED: V-VICTIM W-WITNESS P-PARENT RP-REPORTING PERSON PK-PERSON WITH KNOWLEDGE RO-RECORDING OFFICER S-SUSPECT PP-PARTICIPATING PERSONNEL

14. CHECK IF MORE NAMES IN NARRATIVE

20. NAME	21. SEX	22. CODE	23. ADDRESS	<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS	24. PHONE
----------	---------	----------	-------------	--	-----------

25. NAME	26. SEX	27. CODE	28. ADDRESS	<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS	29. PHONE
----------	---------	----------	-------------	--	-----------

30. NAME	31. SEX	32. CODE	33. ADDRESS	<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS	34. PHONE
----------	---------	----------	-------------	--	-----------

SUSPECT INFORMATION: YES NO (IF YOU ONLY HAVE A DESCRIPTION, PLEASE PLACE IN NARRATIVE BELOW)

35. SUSPECT #1 NAME	36. SEX	37. CODE	38. ADDRESS	<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS	39. PHONE
---------------------	---------	----------	-------------	--	-----------

40. SUSPECT #2 NAME	41. SEX	42. CODE	43. ADDRESS	<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS	44. PHONE
---------------------	---------	----------	-------------	--	-----------

STOLEN PROPERTY: YES NO

45. ITEM (MAKE/MODEL/SERIAL#/ETC.)	EPHI: <input type="checkbox"/> YES <input type="checkbox"/> NO	PHI: <input type="checkbox"/> YES <input type="checkbox"/> NO	46. VALUE
------------------------------------	--	---	-----------

47. ITEM (MAKE/MODEL/SERIAL#/ETC.)	EPHI: <input type="checkbox"/> YES <input type="checkbox"/> NO	PHI: <input type="checkbox"/> YES <input type="checkbox"/> NO	48. VALUE
------------------------------------	--	---	-----------

49. BRIEF NARRATIVE OF THE INCIDENT

ADDITIONAL NARRATIVE SPACE AVAILABLE ON ADDENDUM SHEET

50. LAW ENFORCEMENT AGENCY INVOLVED	51. LAW ENFORCEMENT REPORT NUMBER
-------------------------------------	-----------------------------------

52. PERSON COMPLETING REPORT (PLEASE PRINT)	53. PHONE NUMBER
---	------------------

PLEASE FAX THE FORM(S) TO PUBLIC SAFETY HEADQUARTERS: (585) 275-0344

NO COPIES TO BE MADE WITHOUT APPROVAL OF A DIVISION ADMINISTRATOR



SATELLITE
INCIDENT REPORT
ADDENDUM

54. CASE NO.

54.

PAGE _____ OF _____

55. NARRATIVE:

Lined area for narrative text.

NO COPIES TO BE MADE WITHOUT APPROVAL OF A DIVISION ADMINISTRATOR