



Entered By.....
Entry Date & Time.....

Data Collection for Event: Other

Other Event Information

Event Type *

- Accident no apparent injury
- Alcohol/Drug Abuse
- AWOL/Missing Person
- Possible Criminal Activity/Misconduct
- Exploitation
- Law Enforcement Involvement
- Property Damage
- Sensitive Situation
- Serious Illness
- Potential Incident/Near Miss
- Altercation

Event Subtype *

- Staff
- Individual
- Other

Event Subtype *

- Assault
- Aggressor
- Victim

Event Subtype *

- Fire
- Attempted/Caused by Individual
- Minor/Smoke
- Accidental/Cause Unknown
- False Alarm/Equipment Failure
- False Alarm/Caused by Individual

Event Subtype *

- Hospital
- Admission
- ER w/o admission

Event Subtype *

- Suicide
- Attempt
- Threat

Event Subtype *

- Theft/Larceny Attempt
- Perpetrator
- Victim

Note:- Required fields are marked with an asterisk (*)



Event Time * am /pm

This event was * Observed Discovered

Special Location Living Room Bedroom Dining Room Kitchen Bathroom
 Hallway Staircase Activity Area Outdoors Recreation Area
 Unknown **If Other**

Event Summary
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Witness 1

Witness 2

Note:- Required fields are marked with an asterisk (*)