

**LAWRENCE PUBLIC SCHOOLS
DEPARTMENT OF SCHOOL SAFETY
INCIDENT REPORT**

SCHOOL CODE: _____

OFFENSE CODE: _____

CASE #

Date of incident:	Date of Report:	Incident:	Location:
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A - Arrested V - Victim W - Witness I - Interviewed S - Student O - Offender Inj - Injured R - Reporting party

Last Name	First Name	D.O.B.	ID#	School	Address

S - Stolen R - Recovered F - Found C - Confiscated D - Damaged T - Towed O - Other

Description of Property	Color	Reg, #	VIN, Serial #, Identification #	State	Value \$\$

Description :

Signature of Officer:		Reviewing Supervisor:	
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