


OFFENSE INCIDENT REPORT		Blue Knight Services Hawaii	INCIDENT #
MOD		RELATED INCIDENT #	
WEATHER 1-CLEAR 3-RAIN 5-SNOW/ICE 2-CLOUDY 4-FOG 6-OTHER (EXPLAIN)		CLAIM #	

INCIDENT INFORMATION

REPORT DAY	REPORT DATE	DISPATCHED	ARRIVED	COMPLETED	INCIDENT DAY	DATE	TIME			
INCIDENT TYPE 1 ASSAULT 2 DEATH 3 DEFRAUDING INNKEEPER 4 FIRE 4A FALSE ALARM 5 NOISE COMPLAINT 6 PROSTITUTION		6 ROBBERY 7 SEX OFFENSE 8A BURGLARY - GUEST ROOMS 8B BURGLARY - OTHER 9A THEFT- GUEST ROOM 9B THEFT - VEHICLE 9C THEFT OTHER 10 TRESPASS	11 CRIM. PROP. DAMAGE 11A DAMAGED PROPERTY 12A ASSOCIATE ACCIDENT 12B ASSOCIATE INCIDENT 12C ASSOCIATE ILLNESS 13 ASSOCIATE VIOLATION 14 LOST PROPERTY 15 VEHICLE ACCIDENT 16 GOLF CAR ACCIDENT	17 LIQUOR VIOLATION 18 DRUG VIOLATION 19 PARKING VIOLATION 20 MISSING PERSON 21 DRUG VIOLATION 22 PARKING VIOLATION 23 DOMESTIC VIOLENCE 24 DROWNING	25 FOUND PROPERTY 26 HARASSMENT 27 TERRORISTIC THREATENING 28 MISC ASSISTANCE 29 ENDANGERED WILDLIFE					
OFFENSE	TYPE	BRIEF DESCRIPTION			INJURED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	TRANSPORTED	YES <input type="checkbox"/>	NO <input type="checkbox"/>

INCIDENT LOCATION (BUILDING, STREET) _____ ZONE _____

LOCATION TYPE	LOC.TYPE
01-VILLA/ROOM 02-LOBBY 03-HALLWAY 04-RECREATION 05-GOLF COURSE	06-FRONT DESK 07-WALKWAY/SIDEWALK 08-STAIRS 09-POOL 10-HIGHWAY/ROADWAY

CODES

PERSON CODE	PERSON TYPE	SEX	RESIDENT TYPE	STATUS
V- VICTIM R- REPORTING PERSON W- WITNESS S- SUSPECT	O - OTHER	J - JUVENILE A - ADULT	1. LOCAL 2. RESIDENTIAL 3. MAILING	1-GUEST 4-ASSOCIATE 2-OWNER 5-VENDOR 3-VISITOR 6-OTHER

INJURY TYPE	DEPARTMENTS
00-N/A 01-PUNCTURE 02-LACERATION 03-UNCONSCIOUS 04-BROKEN BONES 05-INTERNAL INJURIES	ACCOUNTING ADMINISTRATION ENGINEERING GOLF MAINTENANCE GOLF OPERATIONS GOLF SHOP

PERSON INFORMATION

PERSON CODE	PERSON TYPE	PERSON #	NAME (FIRST, MIDDLE, LAST, OR BUSINESS)	RESIDENCE PHONE				
MAILING ADDRESS (STREET, APT #) _____ CITY _____ STATE _____ ZIP _____			CONTACT PHONE _____					
LOCAL ADDRESS (IF VISITOR) _____		VILLA/ROOM #(S) _____	NAME OF PERSON INFORMATION WAS OBTAINED FROM _____					
SEX	DOB	RESIDENCE TYPE	STATUS	INJURY TYPE	TREATING OFFICER	LAW ENFORCEMENT NOTIFIED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
THIS LINE FOR ASSOCIATES ONLY	DEPARTMENT	RATE OF PAY	DATE OF HIRE	MEDICAL FACILITY	DATE OF TREATMENT	SAIR REPORT COMPLETED	YES <input type="checkbox"/>	NO <input type="checkbox"/>

FACTUAL SYNOPSIS OF EVENT

ADMINISTRATION

EVIDENCE COLLECTED	YES	NO	PAMPHLET GIVEN	YES	NO	CASE OPEN OR CLOSED	OPEN	CLOSED	PHOTOS TAKEN	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
REPORTING LPO (PRINT)	SIGNATURE _____					DATE _____		ID NUMBER _____			
SUPERVISOR (PRINT)	SIGNATURE _____					DATE _____		ID NUMBER _____			

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