



Timely Warning Review

Upon receiving a notification of a crime, the security guard on duty shall contact the security Chief or the director of Facility Services & Safety. The guard shall review this checklist to determine if a timely warning should be issued.

Date Incident Reported to CSA: _____ MM/DD/YYYY

Date(s) of Incident Occurrence		
Specific Date:	MM/DD/YYYY	
Incident Description (provide specific information related to the reported incident)		
Incident Location Name:		
Campus:	<input type="checkbox"/> Columbia <input type="checkbox"/> Clifton <input type="checkbox"/> Lawrenceburg	<input type="checkbox"/> Lewisburg <input type="checkbox"/> Williamson <input type="checkbox"/> Other: _____
Crime (Check all that apply):		Crimes/Violations Potentially Requiring Notifications
<input type="checkbox"/> Murder/Manslaughter	<input type="checkbox"/> Robbery	<input type="checkbox"/> Weapon Violation
<input type="checkbox"/> Sex Offense	<input type="checkbox"/> Burglary	<input type="checkbox"/> Liquor Law Violation
<input type="checkbox"/> Aggravated Assault	<input type="checkbox"/> Motor Vehicle Theft	<input type="checkbox"/> Drug/Narcotics Violation
<input type="checkbox"/> Arson		
Was it a hate crime? If so, did it involve any of the following crimes? (Check all that apply):		
<input type="checkbox"/> Larceny-theft	<input type="checkbox"/> Intimidation	<input type="checkbox"/> Simple Assault
	<input type="checkbox"/> Destruction/damage/ vandalism of property	
Is there evidence that the crime is a continuing danger to the campus community?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Explain: _____		
If reported, is there the possible risk of compromising law enforcement efforts?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will a Timely Warning be issued?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Completed by: _____ Date: _____ Time: _____