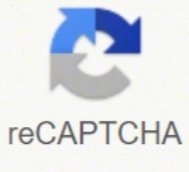
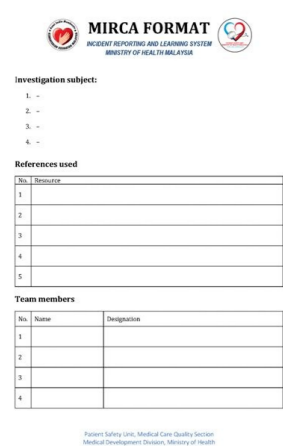




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1. REPORT NO. 10-2008-08		REPUBLIC OF THE PHILIPPINES PHILIPPINE NATIONAL POLICE		2. PROVINCIAL OFFICE	
3. POLICE STATION: NPSSTI POL STN		TRAFFIC ACCIDENT REPORT FORM		4. REGIONAL OFFICE: NCRPO	
5. NUMBER OF VEHICLES INVOLVED	2	9. ACCIDENT SEVERITY	1. Fatal Accident	10. Month	11. Day
6. NUMBER OF PASSENGER CASUALTIES	1	2. Serious Injury Accident	3. Day of the Week	12. Month	13. Day
7. NUMBER OF PEDESTRIAN CASUALTIES	0	4. Minor Injury Accident	14. TIME (Military Time) 0900H		
8. NUMBER OF PEDESTRIAN CASUALTIES	0	5. Property Damage Only			
15. JUNCTION (TYPE)		16. TRAFFIC CONTROL		17. COLLISION TYPE	
1. Not at Junction	5. Y	1. None	1. Head On	6. Hit Object in Road	1. 1-Way
2. +	6. T	2. Control	2. Rear End	7. Hit Object Off Road	2. 2-Way
3. X	7. Railway	3. Red Light	3. Right Angle	8. Hit Parked Vehicle	
4. T	8. Other	4. Stop Sign	4. Side Impact	9. Hit Pedestrian	
		5. Other	5. Overturned Vehicle	10. Hit Animal	
			11. Other		
20. WEATHER		21. LIGHT		22. ROAD CHARACTER	
1. Dry	3. Drizzle	1. Daylight	1. Daylight	1. Straight	1. National
2. Rain	2. Heavy Rain	2. Night	2. Night	2. Curve Only	2. Provincial
3. Fog	3. Heavy Fog	3. Dusk	3. Dusk	3. Intersection	3. City
4. Snow	4. Heavy Snow	4. Dawn	4. Dawn	4. Convergence	4. Municipal
5. Ice	5. Heavy Ice	5. Other	5. Other	5. Bridge	5. Barangay
6. Other	6. Other			6. Crest	
23. ROAD REPAIRS		24. HIT & RUN		25. LOCATION TYPE	
1. Yes	1. Yes	1. Yes	1. Urban Area	1. Urban Area	
2. No	2. No	2. No	2. Rural Area	2. Rural Area	
LOCATION					
Name of City/Town/Barangay: PPS, Fort Bonifacio, Global, Taguig City			Distance (km/m)		
Name of Road NPC Ave, PPS, Fort Bonifacio BETWEEN Global, Taguig City			Distance (km/m)		
JUNCTION ACCIDENT ONLY: Name of second road: ESCARCHA DRIVE, PPS, FB, Global, Taguig City			Distance (km/m)		
LOCATION SKETCH MAP: Show site in relation to prominent landmarks such as 400 post or major intersection. Mark distances to the landmarks.			COLLISION DIAGRAM SKETCH: Mark the position and direction of each vehicle and details of the road layout at the site of the accident.		
POLICE DESCRIPTION OF ACCIDENT			WITNESSES		
			1. Name: _____		
			2. Name: _____		
			INVESTIGATING OFFICER		
			SPO1 RICHARD JOHN DM MACACHOR		
			SUPERVISING OFFICER		

Clery Act Crime Incident Report Form

This form should be completed by campus security authorities who are required to report information they receive about crimes pursuant to the Clery Act. The information collected from these forms will be used to prepare a compilation of statistical crime information that will be included in the university's Annual Security Report. It is the policy of Boston University to ensure that all involved are made aware of their right to report criminal acts to the police, and to report University policy violations to the appropriate office (e.g., student conduct violations to the Office of Student Judicial Affairs). However, if a reporting person requests anonymity, this request must be honored to the extent permitted by law. If the person reporting this crime to you does not wish to be personally identified, please complete the form to the best of your ability without identifying that person. BU Police will use this form to determine the category of crime and location under which the crime should be reported according to the requirements of the Clery Act. If the BU Police report to the scene, your reporting requirement is met and this form does NOT need to be completed.

If the person reporting this to you is willing to speak directly with the BU Police, call immediately at **617-353-2121**. An officer will be dispatched to assist you.

Return this completed form to the Boston University Police Department

- Mail: Boston Univ. Police Department, Office of the Chief of Police, 32 Harry Agganis Way, Boston, MA 02215
- Fax: 617-353-5534
- Emergency: 617-353-2121
- Business: 617-353-2110
- Email: bu.police@bu.edu

Section 1 - Campus Security Authority - Please identify yourself and the person reporting this to you.		
(Identify yourself here)	(Identify person reporting here)	
Name: _____	<input type="checkbox"/> Person does not wish to be identified	<input type="checkbox"/> Victim
Title: _____	Name: _____	<input type="checkbox"/> Witness
Dept: _____	Address: _____	<input type="checkbox"/> Other: _____
Phone: _____	Phone: _____	(please explain)
Email: _____	Email: _____	
Section 2 - Location of incident - please be as specific as possible.		
<ul style="list-style-type: none"> If incident occurred inside a building or parking structure, identify the address, building name, floor, or room number. If incident occurred outside, describe the nearest street address or intersection, whether on the street, sidewalk, park, or inside a vehicle. Be as specific as possible, include any nearby landmarks. 		
Address: _____	<input type="checkbox"/> Occurred inside <input type="checkbox"/> On Campus Student Housing Facility <input type="checkbox"/> Academic building <input type="checkbox"/> Parking structure <input type="checkbox"/> Other building	
Building name, floor, unit # _____	<input type="checkbox"/> Occurred outside <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input type="checkbox"/> Park <input type="checkbox"/> Vehicle or Transit system	
City / State: _____		
Further description: _____		

FALL INCIDENT REPORT

This report is to be completed by the reporting party (e.g., police officer, campus security authority, etc.)

Name: _____ Date: _____

Time: _____ Location: _____

Reported by: _____

Investigated by: _____

Witnesses: _____

Victim: _____

Offender: _____

Other: _____

Describe the incident in as much detail as possible. (Check one)

1. _____

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Fall section

Surface Condition (Select One if Applicable)

- Wet
- Dry
- Unknown
- Other:

Circumstances Related to Fall (Select All That Apply)

- Ambulating-With Permission
- Ambulating-Without Permission
- Dizzy
- During Assistance By Staff
- Equipment
- Fainted
- Found on Floor
- From Bed
- From Chair
- From Toilet
- From Wheelchair
- Improper Footwear
- In Shower
- In Tub
- Incontinent
- Lost Balance
- Off Stretcher
- Off Table
- Slipped
- Tripped
- Unable to Follow Instructions
- Visitor Assisted Client in Ambulation Without Staff Assistance
- Unknown
- Other:

Client Status Prior to Fall (Complete All)

- Call Light On: Yes No N/A
- Restraints: Yes No Removed Refused N/A
- Side Rails: Up Down Refused N/A
- Bed Position: Up Down N/A
- Risk for Fall Assessed Before Incident? Yes No N/A
- Medication? Yes No
- Name: _____
- Dosage: _____
- Was restraint policy followed? Yes No N/A
- Was Client on Fall Precautions? Yes No N/A

Environmental Component (Select One if Applicable)

Equipment

- Disconnected
- Dislodged
- Equipment Failure
- Equipment Malfunction
- Not Available
- Preventive Maintenance Not Done
- Tampered With
- User Error
- Unknown
- Other:

Device Type: _____ Model #: _____ Serial #: _____

Hazardous Materials & Waste

- Spill/Leak
- Exposure to Hazardous Material (Specify): _____
- Other: _____

Utilities Management

- Medical Gases
- Medical Vacuum
- Power Failure
- Sewage Problem
- Telephone Problem
- Water Problem
- Other: _____

Incident report 2.0 kkm.

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