



CSA Name/Dept. _____ / _____
Print Name Print Dept.

“Campus Security Authority Closeout Form for 2018”

According to the Jeanne Clery Disclosure of Campus Security Policy/Campus Crime Statistics Act, the University of Hawai'i at Hilo **must** collect certain campus crime statistics. All designated Campus Security Authorities (CSAs) are required to report any crimes that they are aware of which might not have been officially reported to the University.

If you are not aware of any unreported crimes in 2018, please check the box below and sign your name. Federal law requires written documentation that **NO crimes** were reported to you during the previous calendar year.

By placing an X in this box, you are certifying that no “Clery” crimes, as listed below, were reported to you that were not reported to Campus Security during 2018.

Signature: _____ **Date:** _____

Please refer to URL <https://hilo.hawaii.edu/security/CaseDescriptions.php> for more detailed descriptions of crimes.

If anyone reported a crime to you in 2018 that appears on the list below and to your knowledge might not have been reported to Campus Security, please fill out the appropriate data below. The object of this form and your responsibility are to ensure UH Hilo is recording the actual number of alleged crimes that occur on or near the University throughout the year. **Names should not be reported, but Federal law requires the crime itself be reported.**

Date reported: _____ Date/time of crime: _____ Location: _____
Use a UHH campus map and circle location if necessary.

Crime:	Crime:	Hate Crime:	Sex Offense:
<input type="checkbox"/> Murder	<input type="checkbox"/> Motor Vehicle Theft	<input type="checkbox"/> Larceny	<input type="checkbox"/> Rape
<input type="checkbox"/> Manslaughter	<input type="checkbox"/> Drug Violation	<input type="checkbox"/> Intimidation	<input type="checkbox"/> Fondling
<input type="checkbox"/> Arson	<input type="checkbox"/> Liquor Law Violation	<input type="checkbox"/> Simple Assault	<input type="checkbox"/> Sodomy
<input type="checkbox"/> Burglary	<input type="checkbox"/> Weapon Violation	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Incest
<input type="checkbox"/> Robbery	<input type="checkbox"/> Terroristic Threat		<input type="checkbox"/> Assault w/object
<input type="checkbox"/> Aggravated Assault			

(Note: Any rape that is “forcible” is categorized as “rape.” Statutory rape depends on age of victim and suspect. If you need assistance with any classification, contact Campus Security at 974-7911.)

Please give a brief description of the crime/incident:

Check appropriate box if a Hate Crime:

- Race Gender Religion Sexual Orientation Ethnicity Disability

Additional Information:

Date Submitted: _____ Phone: _____ E-mail: _____

Please submit this form to UH Hilo Campus Security (UCB, 301-151) and keep a copy for your records. If you have questions about classifying a crime or a location, contact the **Director of Campus Security at 932-7644**, or via e-mail to uhhsafe@hawaii.edu.