



AIDED REPORT

Date of Occurrence	Day	Time	Location of Occurrence			Control #
Date of Report	Day	Time	How Reported: () In Person () By Phone () Other / Explain:			
Last Name		First Name	Sex () Male () Female	Race () Black () Asian () White () Other		Date of Birth
Home Address			City/State/Zip		Telephone #	
Type of Aided: () Injured () Victim of Crime () Illness () Other / specify			Taken To: () Hospital / Specify: () Home () Went on way () Refused Medical Aid			
Doctor () Yes () No Name:		Hospital / Address		Paramedics () Yes () No Name / Badge #		
NYPD () Yes () No Officer / Shield # / Pct.:			() Reported by FIT Health Services () Scene Visited by FIT Health Services Name of Attendant:			
Notification () Yes () No Name / Relationship:			Address / Phone #			
Witness () Yes () No		Name:		Name:		
		Address:		Address:		
		Phone:		Phone:		
Area Inspected () Yes () No	Date	Time	Condition (wet, dry, etc.)			
Details:						
Reporting Officer			Tour Supervisor			
Kenneth R. Drayton, Director of Security			Processed By:		Page of	



AIDED REPORT cont'd.

Control #

Date

Reporting Officer

Tour Supervisor

Kenneth R. Drayton, Director of Security

Processed By:

Page of