W-6 (Rev. 11/07)

## STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

## SECURITY/SAFETY INCIDENT REPORT

☐ Theft	☐ Accident	☐ Vandalism	☐ Injury ☐ Other:			
,		_ runuanon.		(specify)		
Name:						
	Last		First	<i>M.I.</i>		
Work Addre		,	Tolophon	) - e Number		
VVOIK AQUIR	988 . ·		•			
Date Occu	ırred <u>: / ˈ</u>		Date Reported:			
Where Inc	ident Occurred:					
Investigating Officer:			Case Number:			
Witness:_				•		
VVIII 1033,	Name		Address	Phone		
Witness:				•		
	Name .		Address	Phone		
<u>Employee</u>	Explanation:		•			
•	·		, <b>'</b>			
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				<i>.</i> •		
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form CO-	353. For accide	nts involving Stat	licable. Thefts of State e vehicles, attach DAS ditional comments wher	Fleet Operations Form		
		,		•		
	Employee's S	Signature		Date		

## INSTRUCTIONS FOR COMPLETING SECURITY/SAFETY INCIDENT REPORT

- Check what type of incident occurred, e.g., theft, accident, vandalism, etc.
- List your name, address, and phone number.
- Give appropriate dates for when the incident occurred and when you reported it to the
  police.
- Give Police Officer's or State Trooper's name and case number.
- List name, address, and phone number of witnesses.
- Give clear concise explanation of what occurred (who, what, where, when and how) and sign.
- Have your Office Manager complete the items below and sign.

Please forward completed form to Operations Unit within 48 hours of occurrence.

Office Manager's report of	investigation:				
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	Walter the commence of the control o	1			
Office Manager's suggesti	ons to prevent reoccu	rrence:			
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	•		•		
	•				
				•	
Office Man	ager's Signature	·····			Date

The operations unit will review and acknowledge receipt of the completed incident report. Recommendations for closure of incident will be made when appropriate.