



366 Luna Drive * Las Vegas, NM 87701
(505) 454-2577 OR (800)588-7232 Ext. 1109
E-mail: msalazar@luna.edu

SECURITY INCIDENT REPORT

INCIDENT: _____

INCIDENT LOCATION: _____

INCIDENT DATE: _____ TIME: _____ A.M. ☐ P.M. ☐

COMPLAINANT: _____

ADDRESS: _____ TELEPHONE: _____

DOB: _____ SOCIAL SECURITY: _____

WITNESS: _____

VEHICLE LICENSE PLATE NUMBER: _____

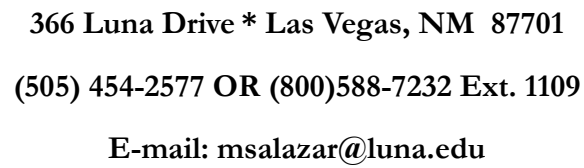
COMMENTS: _____

REPORTING OFFICER: _____

DATE: _____

DIRECTOR OF SECURITY: _____

DATE: _____



COMMENTS CONTINUED: _____

REPORTING OFFICER:

DATE: _____

DIRECTOR OF SECURITY:

DATE:



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SECURITY

WITNESS / INFORMATION STATEMENT

STATEMENT OF (Last, First, Middle): _____

DOB: _____ GENDER: _____

OCCUPATION: _____

ADDRESS OF EMPLOYMENT: _____

LOCATION OF STATEMENT TAKEN: _____

NAME OF OFFICER TAKING STATEMENT: _____

DATE: _____ TIME STARTED: _____

INFORMATION/STATEMENT: _____

I have read this statement given by me or have it read to me. I fully understand it and certify that it is true to the best of my knowledge and recollection.

DATE: _____ TIME STARTED: _____

SIGNATURE OF PERSON GIVING STATEMENT: _____ DATE: _____

OFFICER OBTAINING THE SIGNATURE: _____ DATE: _____

PERSON WITNESSING THE SIGNATURE: _____ DATE: _____

SIGNATURE OF DIRECTOR: _____ DATE: _____

PAGE: _____ OF _____

8/2025