

Dominican College
Office of Residence Life
470 Western Highway
Orangeburg, NY 10962
(914) 359-7800 ext 295
fax- (914) 359-2311



STUDENT(S) INVOLVED: meg wright, [redacted], [redacted], [redacted]

WITNESSES: _____

DATE OF INCIDENT: 5/6/06

LOCATION OF INCIDENT: Hertel Hall

TYPE OF INCIDENT: Rape

DESCRIPTION OF INCIDENT:

9:30pm
Drinking in a dorm room w/ people I
know. I then do not remember what
happened after 1:00 AM. I do remember
a little of the incident. I then went
to the hospital the next morning
w/ [redacted] b/c I ~~did~~ knew that
I was raped.

4th same
module
130
no key
in
room.
only in
smoke
130 pm

PERSON MAKING REPORT: meg wright POSITION: _____

DATE: 5/9/06 TIME: _____

ACTION TAKEN: _____
To Be Completed by the Director