



There for you.

INCIDENT REPORT

	CRIMINAL	OPERATIONS	SERVICES
TYPE OF INCIDENT:	<input type="checkbox"/> ASSAULT	<input type="checkbox"/> ALARM	<input type="checkbox"/> MEDICAL EMERG.
	<input type="checkbox"/> ROBBERY/HOLD UP	<input type="checkbox"/> FIRE	<input type="checkbox"/> LOST/FOUND
	<input type="checkbox"/> BURGLARY	<input type="checkbox"/> OPERATIONS EMERGENCY	<input type="checkbox"/> PROPERTY
	<input type="checkbox"/> HARASSMENT	<input type="checkbox"/> PERSONAL ACCIDENT	<input type="checkbox"/> ASSIST OTHER
	<input type="checkbox"/> SEX OFFENSE	<input type="checkbox"/> AUTO ACCIDENT	<input type="checkbox"/> DEPARTMENTS
	<input type="checkbox"/> STOLEN VEHICLE	<input type="checkbox"/> BOMB THREAT	
	<input type="checkbox"/> THEFT	<input type="checkbox"/> UNSECURED PROPERTY	OTHER <input type="text"/>
	<input type="checkbox"/> VANDALISM	<input type="checkbox"/> SMOKE/ODOR INVEST.	
	<input type="checkbox"/> UNDERAGE DRINKING	<input type="checkbox"/> SAFETY HAZARD	
	<input type="checkbox"/> NARCOTICS USE/POSS.		
	<input type="checkbox"/> DISTURBANCE		

DATE OF INCIDENT: / / TIME OF INCIDENT: Hrs (use military time)

DATE OF INCIDENT REPORTED / / TIME OF INCIDENT REPORTED: Hrs (use military time)

COMPLAINT/PERSON REPORTING:

NAME: AGE: SEX: ☐ (MALE) ☐ (FEMALE) PHONE# HOME

ADDRESS/CITY/STATE/ZIP: PHONE# WORK

IS REPORTING PARTY INVOLVED IN INCIDENT? ☐ (YES) ☐ (NO)

IF NO DESCRIBE THE RELATIONSHIP OF REPORTING PARTY (witness, relative, etc.):

VICTIM (if other than reporting party):

NAME: AGE: SEX: ☐ (MALE) ☐ (FEMALE) PHONE# HOME

ADDRESS/CITY/STATE/ZIP: PHONE# WORK

HOW WAS REPORT RECEIVED: ☐ AT TIME OF INCIDENT ☐ DELAYED IN PERSON ☐ DELAYED IN TELEPHONE

REASON FOR DELAY (if any):

WERE LOCAL AUTHORITIES NOTIFIED: ☐ (YES) ☐ (NO) BY WHOM:

POLICE: FIRE: AMBULANCE: OFFICERS BADGE/VEHICLE # #

TIME OF ARRIVAL: Hrs (use military time) REPORT/COMPLAINT #

CONTRACT/LOCATION:

TYPE OF PREMISES: ☐ MALL ☐ OFFICE BUILDING ☐ BANK ☐ CONSTRUCTION

☐ CONDOMINIUM ☐ PARKING GARAGE ☐ NURSING HOME ☐ OTHER (describe)

EXACT LOCATION OF INCIDENT (give landmarks):

WAS CLIENT NOTIFIED? ☐ (YES) ☐ (NO) TIME: WHOM WAS NOTIFIED? (name an title)

WAS ACCOUNT MANAGER NOTIFIED? ☐ (YES) ☐ (NO) TIME:

WAS AREA OF INCIDENT INSPECTED BY OFFICER? (YES) (NO) DATE: ____/____/____ TIME: _____ Hrs

WERE ANY PHOTOGRAPHS TAKEN OF THE AREA? (YES) (NO) PRESENT LOCATION: _____

WERE ANY SAFETY HAZARDS OR DEFECTS FOUND AT TIME OF INSPECTION? (YES) (NO)

WITNESS: NAME: _____ TELEPHONE # (_____) - _____ (HOME)
ADDRESS _____ (_____) - _____ (WORK)
ZIP _____

WITNESS: NAME: _____ TELEPHONE # (_____) - _____ (HOME)
ADDRESS _____ (_____) - _____ (WORK)
ZIP _____

SUSPECT: DESCRIPTION #1

HT. _____' _____" WT _____ lbs. HAIR _____ EYES _____ COMPLEXION _____

CLOTHING _____ BEARD _____ MUSTACHE _____

SUSPECT: DESCRIPTION #2

HT. _____ ' _____ " WT _____ lbs. HAIR _____ EYES _____ COMPLEXION _____

CLOTHING _____ BEARD _____ MUSTACHE _____

[illegible]

SUPERVISOR COMMENTS: