



# Incident Report

**Type of Incident:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Accident                | <input type="checkbox"/> Hazard              | <input type="checkbox"/> Unauthorized Access |
| <input type="checkbox"/> Accident: Motor Vehicle | <input type="checkbox"/> Suspicious Behavior | <input type="checkbox"/> Unauthorized Use    |
| <input type="checkbox"/> Assault                 | <input type="checkbox"/> Theft               | <input type="checkbox"/> Vandalism           |
| <input type="checkbox"/> Assault: Sexual         | <input type="checkbox"/> Trespasser          | <input type="checkbox"/> Other: _____        |

**Description of Incident (Who? What? Where? When?):**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

over →

**Suspect Description:**

Sex: M F	Hair: _____	Shirt: _____
Age: _____	Hat: _____	Pants/Skirt: _____
Height: _____	Glasses: _____	Shoes: _____
Weight: _____	Scars: _____	Other: _____
Build: _____	Tattoos: _____	Weapons: _____
Notes: _____		

**Vehicle Description:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

**Property Taken/Damaged:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

