

Incident Report Form



Date: _____ **Time:** _____

Location: _____

Description of Activity: _____

Person(s) Description:

Height: _____ **Weight:** _____ **Age:** _____

Hair: _____ **Eyes:** _____ **Clothing:** _____

Vehicle Description:

Make: _____ **Model:** _____ **Color:** _____

License Plate: _____ **State:** _____

Police Contacted? Y/N Time: _____

Report #: _____

Reported by: _____ **Phone:** _____