

Offense Incident Report Form Template

REPORTED BY: _____

DATE OF REPORT: _____

TITLE / ROLE: _____

INCIDENT NO.: _____

OFFENSE INCIDENT INFORMATION

INCIDENT TYPE: _____

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

LOCATION: _____

CITY: _____

STATE: _____

ZIP CODE: _____

SPECIFIC AREA OF LOCATION (if applicable): _____

OFFENSE
INCIDENT
DESCRIPTION

FOLLOW-UP
ACTION

NAME / ROLE / CONTACT OF PARTIES INVOLVED

1. _____

2. _____

NAME / ROLE / CONTACT OF WITNESSES

1. _____

2. _____

VEHICLES INVOLVED

1. ITEM NAME: _____ OWNER: _____ YEAR: _____

VALUE: _____ COLOR: _____ MAKE: _____

STATUS: _____ STATE & TAG: _____ VIN: _____

2. ITEM NAME: _____ OWNER: _____ YEAR: _____

VALUE: _____ COLOR: _____ MAKE: _____

STATUS: _____ STATE & TAG: _____ VIN: _____

PROPERTY INVOLVED

ITEM NAME: _____ COLOR: _____ BRAND: _____

VALUE: _____ DESCRIPTION: _____

POLICE REPORT FILED? _____

PRECINCT: _____

REPORTING OFFICER: _____

PHONE: _____

SUPERVISOR
NAME: _____

SUPERVISOR
SIGNATURE: _____

DATE: _____