

# POLICE INCIDENT REPORT

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Date of Report: \_\_\_\_\_, 20\_\_

## Person(s) Involved

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Contact Information: \_\_\_\_\_

## Incident Details

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM

Location: \_\_\_\_\_

Type of Incident: ☐ Theft ☐ Assault ☐ Vandalism ☐ Trespassing ☐ Disturbance ☐ Other:

\_\_\_\_\_

Describe the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Damages and Injuries

Were there any injuries? ☐ Yes ☐ No

Were there any property damages? ☐ Yes ☐ No

Describe the injuries:

Describe the property damage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Witness(es)

Were there any witnesses to the incident? ☐ Yes ☐ No

Witness Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

## Actions Taken



Was the police notified? ☐ Yes ☐ No

Was medical treatment provided? ☐ Yes ☐ No

Was a police report filed? ☐ Yes ☐ No

Describe the medical treatment:

Police Department/Officer Name:

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any other actions taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Evidence and Documentation

Was any evidence collected or observed?

☐ Yes ☐ No

Type of Evidence:

☐ Video Surveillance

☐ Photographs

☐ Physical Items

☐ Witness Statements

☐ Other: \_\_\_\_\_

Are supporting documents attached?

☐ Yes ☐ No

Describe the supporting documents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Reporting Person

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

