

Incident Report Form

Sex _____	Race _____	Accent _____
Height _____	Weight _____	Approximate Age _____
Hair Color _____	Eye Color _____	

Eye Glasses or
Sun Glasses _____

Complexion _____

Hat *(Color, Style)* _____

Beard, Goatee, Mustache, Sideburns
(Circle Choices)

Occurrence Information:

Date: _____

Time: _____

Location: _____

Describe the Incident:

Vehicle Information:

Direction of Travel: _____

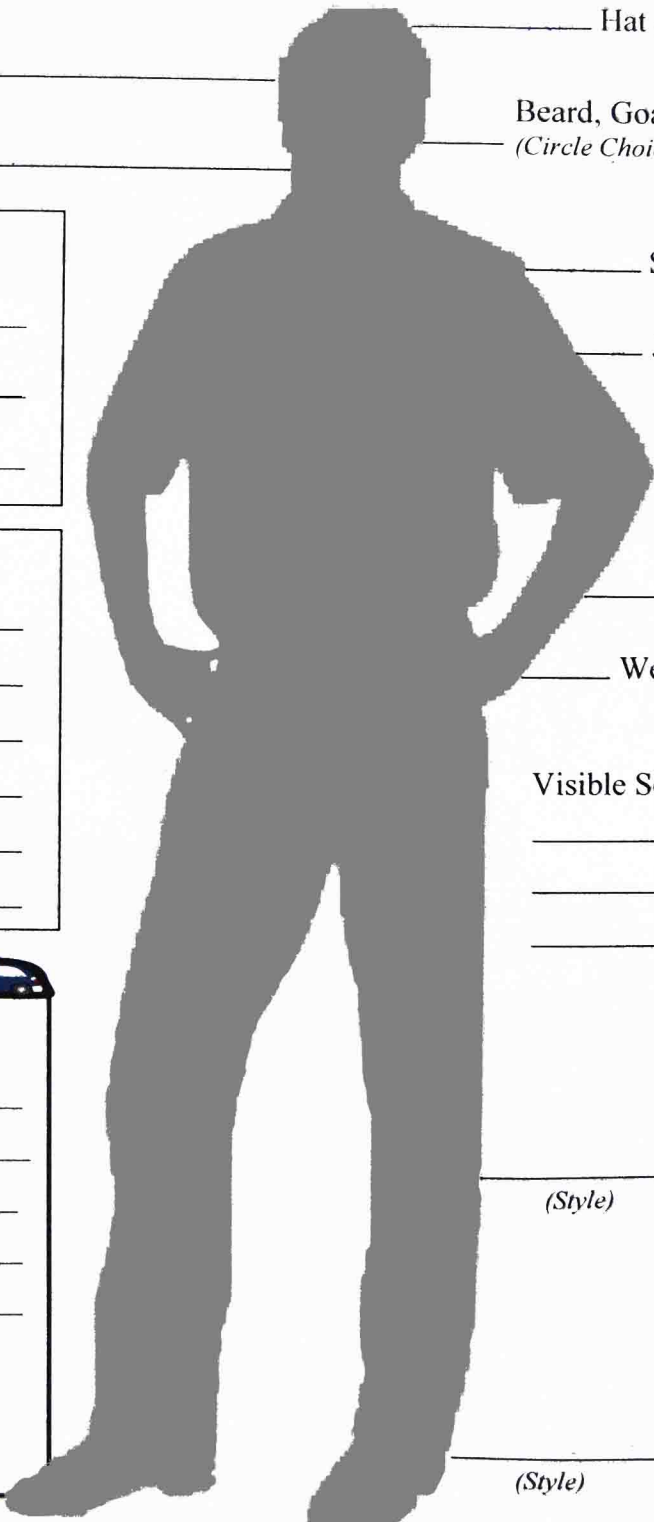
Make / Model: _____

Color: _____

License Plate #: _____

State of Registration: _____

Damage, Bumper Stickers,
etc.: _____



Shirt _____

Jacket or Coat _____

(Color)

Subject was holding _____

Weapon _____

Visible Scars, Marks, Tattoos

Pants _____

(Style)

(Color)

Shoes _____

(Style)

(Color)