



County Sheriff's Office Offense/Incident Report

Case Number:
Date of Report:

Report Status: OFFENSE or INCIDENT If this is an OFFENSE: Felony or Misdemeanor or Petty Offense
(Check one) (Check one)

Reporting Officer: <small>(Your name goes here)</small>	Date & Time of Offense/Incident:
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Name of Person who Reported the Offense/Incident:	For all people on report, use the following codes: V = Victim W = Witness Ex: Sam Smith (V) reported that... S = Suspect
Address and/or Location of Offense/Incident:	

Address and/or Location of Offense/Incident:
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Reporting Officer's Summary of Offense/Incident:

I hereby attest that the following report is an accurate representation of witness accounts reported to me and my own personal observations of the offense/incident scene.

Signature of Reporting Officer

Suspect Information

Name, if known:	Gender:	Age:	Height:	Weight:	Hair:	Eyes:
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Was an arrest made? <small>(Check one)</small>	If no, the suspect's last known location:
<input type="checkbox"/> YES or <input type="checkbox"/> NO	

On the reverse side of this paper, Reporting Office must draw a sketch of the crime scene/incident layout. Be sure to label any important details.