



INCIDENT REPORT

142 W. 62nd Street-Chicago, IL 60617

CLASSIFIED AS:			INCIDENT REPORT NUMBER:		
LOCATION OF OCCURRENCE:					
DATE REPORTED:	TIME REPORTED:	DATE OCCURRED ON: () OR () BETWEEN DATES:		TIME OCCURRED:	

V = VICTIM C = COMPLAINANT W = WITNESS

CODE:	NAME:	SEX:	RACE:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
HOME ADDRESS:			PRIMARY PHONE:		SECONDARY PHONE:

CODE:	NAME:	SEX:	RACE:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
HOME ADDRESS:			PRIMARY PHONE:		SECONDARY PHONE:

O = OFFENDER S = SUSPECT (IF NAME IS KNOWN, DESCRIBE OFFENDER IN DETAIL)

CODE:	NAME:	SEX:	RACE:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
HOME ADDRESS:			PRIMARY PHONE:		SECONDARY PHONE:
HAIR COLOR:	EYE COLOR:	HEIGHT:	WEIGHT:	SCARS, MARKS, AND/OR TATOOS:	

O= OFFENDER S = SUSPECT V = VICTIM

CODE:	YEAR:	MAKE:	MODEL:	BODY STYLE:	COLOR: LIGHT	LICENSE PLATE #:	PLATE STATE:
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NARRATIVE:

SIGNATURES	REPORTING OFFICER'S NAME (PRINT OR TYPE):	REPORTING OFFICER'S SIGNATURE:	EMPLOYEE NUMBER:	DATE:
	SUPERVISOR'S NAME (PRINT OR TYPE):	SUPERVISOR'S SIGNATURE:	EMPLOYEE NUMBER:	DATE APPROVED:
	PRESIDENT/CEO'S SIGNATURE:	DATE APPROVED:	DISPOSITION: <input type="checkbox"/> File <input type="checkbox"/> Refer to Client <input type="checkbox"/> Other	