SAMPLE Incident Report – Form Section – *Missing Person*

Provide an answer in each blank underlined space shown below. If a specific item of information was never provided in the video, write "unknown" in that space.

	INCIDENT INFORMATI	ION
INCIDENT #	DATE OF DISPATCH(Month, Day, Year - ex. 12/25/65)	TIME OF DISPATCH(ex. 9:00 AM)
OFFICER BADGE #	PARTNER BADGE #	PRECINCT ASSIGNMENT
STREET ADDRESS		CRUISER#
CITY	STATE	ZIP CODE
	ALLER / WITNESS / FAMILY MEMB	
LAST NAME	FIRST NAME	
DATE OF BIRTH	SOCIAL SECURITY	#
(Month, Day, Year - e	x. 12/25/65)	(ex. 123-45-6789)
STREET ADDRESS _		GENDER
CITY	STATE	ZIP CODE
PRIMARY PHONE	OTHER PHONE	
	WITNESS / FAMILY MEMBER IN	FORMATION
LAST NAME	FIRST NAME	
DATE OF BIRTH(Month, Day, Year - e		JRITY # (ex. 123-45-6789)
,	,	GENDER
CITY		ZIP CODE
		ER PHONE
FRIWART FRONE		ER FITONE
	MISSING PERSON INFORM	
LAST NAME	FIRST NAME	
AGE	SOCIAL SECURITY #	
STREET ADDRESS _		
CITY	STATE	ZIP CODE
GENDER	RACE	HEIGHT
	EYE(Color - ex. brown, blue)	(ex. 5 ft 8 in)
PRIMARY PHONE	OTHER PHONE	
OTHER DESCRIPTION	N	

SAMPLE Incident Report – Narrative Section – Missing Person

Your response should be accurate, complete, concise, and well-organized; and provide proper grammar, spelling, word usage, and sentence structure. Information that you wrote in the Form above (e.g. date of birth, SSN#, address, phone #s, gender, race) does not need to be repeated below unless it is essential for clarity. You may refer to the Incident handout to ensure you include all relevant information in your response.

SAMPLE Incident Report – Narrative Section – Missing Person

Narrative (continued)

SAMPLE Incident Report – Narrative Section – Missing Person

Narrative (continued)	