

INCIDENT REPORT OF

(Title of Event)

EVENT DETAILS

DATE/TIME OCCURRED: ___/___/___ AT ___:___ AM/PM

DATE/TIME REPORTED: ___/___/___ AT ___:___ AM/PM

ADDRESS OF EVENT: _____

LOCATION OF EVENT (EX. GARAGE, FRONT PORCH, ETC.): _____

EVENT SUMMARY

SUSPECT #1 INFORMATION

HT: _____ WT: _____ AGE: _____

HAIR COLOR: _____ EYE COLOR: _____

CLOTHING DESCRIPTION: _____

DISTINGUISHING CHARACTERISTICS: _____

INSTRUMENT USED: GUN KNIFE OTHER: _____

SUSPECT #2 INFORMATION

HT: _____ WT: _____ AGE: _____

HAIR COLOR: _____ EYE COLOR: _____

CLOTHING DESCRIPTION: _____

DISTINGUISHING CHARACTERISTICS: _____

INSTRUMENT USED: GUN KNIFE OTHER: _____

SUSPECT #3 INFORMATION

HT: _____ WT: _____ AGE: _____

HAIR COLOR: _____ EYE COLOR: _____

CLOTHING DESCRIPTION: _____

DISTINGUISHING CHARACTERISTICS: _____

INSTRUMENT USED: GUN KNIFE OTHER: _____

SUSPECT VEHICLE

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ TWO DOOR FOUR DOOR

LICENSE PLATE: _____

DISTINGUISHING CHARACTERISTICS: _____

PROPERTY STOLEN/DAMAGED

STOLEN DAMAGED APPROX VALUE: \$ _____

PERSON REPORTING

NAME: _____

ADDRESS: _____

PHONE: (_____) _____ - _____

PERSON REPORTING PROPOSED SOLUTION: _____

VICTIM INFORMATION

NAME: _____

ADDRESS: _____

PHONE: (_____) _____ - _____

ADMINISTRATION SECTION

(To be completed by Neighborhood Watch Patrol)

Report Taken By: _____

Signature: _____

RiverPark POC: Hee-Sook Nelson (805) 297-5200

Event Category: _____ (see back for details)

Notifications:

Oxnard Police Department
Securitas
Fire Department

Should Be Notified

Have Been Notified

