

INCIDENT REPORT If this incident has been previously reported to police, no further report is required.

Organisation / Suburb	Submitted by	Suburb of Incident
Time	Day	Date

INCIDENT SUMMARY What has happened? Explain in detail - who, what, where, when, which, why & how.

If space here is insufficient, please continue on the reverse of this sheet or submit a further additional sheet

SUSPECT DESCRIPTION/ PERSON OF INTEREST If unsure, leave blank

1. Description - tick box as appropriate	If other please explain:
GENDER <input type="checkbox"/> Adult M <input type="checkbox"/> Adult F <input type="checkbox"/> Juvenile M <input type="checkbox"/> Juvenile F	
APPEARANCE Describe:	
AGE <input type="checkbox"/> <10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> 60+	
HEIGHT (cm) <input type="checkbox"/> <150 <input type="checkbox"/> 150-160 <input type="checkbox"/> 161-170 <input type="checkbox"/> 171-180 <input type="checkbox"/> 181-190 <input type="checkbox"/> 190+	
HAIR COLOUR <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> Red <input type="checkbox"/> Other	
HAIR LENGTH <input type="checkbox"/> Bald <input type="checkbox"/> Short <input type="checkbox"/> Collar <input type="checkbox"/> Shoulder <input type="checkbox"/> Long <input type="checkbox"/> Other	
HAIR TYPE <input type="checkbox"/> Straight <input type="checkbox"/> Curly <input type="checkbox"/> Wavy <input type="checkbox"/> Tied back <input type="checkbox"/> Mullet <input type="checkbox"/> Other	
BUILD <input type="checkbox"/> Slim <input type="checkbox"/> Medium <input type="checkbox"/> Solid <input type="checkbox"/> Obese <input type="checkbox"/> Other	
COMPLEXION <input type="checkbox"/> Dark <input type="checkbox"/> Fair <input type="checkbox"/> Olive <input type="checkbox"/> Ruddy <input type="checkbox"/> Other	
EYE COLOUR <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Grey <input type="checkbox"/> Other	
FACIAL HAIR <input type="checkbox"/> Beard <input type="checkbox"/> Goatee <input type="checkbox"/> Moustache <input type="checkbox"/> Sideburns <input type="checkbox"/> Other	
FEATURES <input type="checkbox"/> Scars <input type="checkbox"/> Tattoos <input type="checkbox"/> Birthmarks <input type="checkbox"/> Other	
CLOTHING Describe:	

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2. Person of Interest - Do you know this person? If so, enter their details here

Surname	Given names	Estimated age	DOB
Address			

LOCATION ADDRESS DETAILS Please further describe the premises or location - brick/tile/weatherboard, 1/2 storey, house/unit, colours, nearest cross street, other distinguishing features?

VEHICLE DETAILS

Reg. Number	Make	Model	Colour
Distinguishing features (damaged panels/roo bar/identifiable features)			