

Incident Report Form



Contact Details

Witness	
Phone	
Fax	
E-Mail	
Category	
Business	
Address	
Town	
County	
Postcode	

Incident Details

Date and time of incident	
Type of incident	
Description of what happened and what type of goods were stolen, if any?	
Direction of escape?	

Please send the complete report to SaferGems by fax on 0845 272 7803, or scan and email to intel@safergems.org.uk.

Incident Report Form



Suspect 1

Name		Sex	
Race		Age	
Build		Height	
Hair		Hair Colour	
Eyes		Glasses	
Facial Hair		Complexion	
Teeth		Accent	
Mannerisms		Words	
Marks		Clothes	
Shoes		Jewellery	
Weapon Seen	Yes No N/A	Weapon Used	Yes No N/A
Disguise		Weapon Type	

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Suspect 2

Name		Sex	
Race		Age	
Build		Height	
Hair		Hair Colour	
Eyes		Glasses	
Facial Hair		Complexion	
Teeth		Accent	
Mannerisms		Words	
Marks		Clothes	
Shoes		Jewellery	
Weapon Seen	Yes No N/A	Weapon Used	Yes No N/A
Disguise		Weapon Type	

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Suspect 3

Name		Sex	
Race		Age	
Build		Height	
Hair		Hair Colour	
Eyes		Glasses	
Facial Hair		Complexion	
Teeth		Accent	
Mannerisms		Words	
Marks		Clothes	
Shoes		Jewellery	
Weapon Seen	Yes No N/A	Weapon Used	Yes No N/A
Disguise		Weapon Type	

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Suspect 4

Name		Sex	
Race		Age	
Build		Height	
Hair		Hair Colour	
Eyes		Glasses	
Facial Hair		Complexion	
Teeth		Accent	
Mannerisms		Words	
Marks		Clothes	
Shoes		Jewellery	
Weapon Seen	Yes No N/A	Weapon Used	Yes No N/A
Disguise		Weapon Type	

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Vehicle 1

Registration		Category	
Make		Model	
Colour		Comments	

Vehicle 2

Registration		Category	
Make		Model	
Colour		Comments	

Police

Officer			
Station		Phone	
Reference		Force	

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