

# Sheepdog Defense Group Incident Report

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Guards associated with event: \_\_\_\_\_

\*\*\*\*\*

## Narrative of event

(only facts, initial scratch outs, sign at end of narrative)

[illegible]

(use the back to continue narrative if needed)

---

---

---

---

## Persons

Involvement: Arrested Detained Injured Suspect Victim Missing Witness (circle all that apply)

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

DL/ID number and state: \_\_\_\_\_ Race: \_\_\_\_\_

Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

---

Involvement: Arrested Detained Injured Suspect Victim Missing Witness (circle all that apply)

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

DL/ID number and state: \_\_\_\_\_ Race: \_\_\_\_\_

Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

---

Involvement: Arrested Detained Injured Suspect Victim Missing Witness (circle all that apply)

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

DL/ID number and state: \_\_\_\_\_ Race: \_\_\_\_\_

Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

---

Involvement: Arrested Detained Injured Suspect Victim Missing Witness (circle all that apply)

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
DL/ID number and state: \_\_\_\_\_ Race: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Involvement: Arrested Detained Injured Suspect Victim Missing Witness (circle all that apply)

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
DL/ID number and state: \_\_\_\_\_ Race: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

---

Involvement: Arrested Detained Injured Suspect Victim Missing Witness (circle all that apply)

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
DL/ID number and state: \_\_\_\_\_ Race: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

---

Involvement: Arrested Detained Injured Suspect Victim Missing Witness (circle all that apply)

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
DL/ID number and state: \_\_\_\_\_ Race: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

---

Involvement: Arrested Detained Injured Suspect Victim Missing Witness (circle all that apply)

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

DL/ID number and state: \_\_\_\_\_ Race: \_\_\_\_\_

Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

---

Involvement: Arrested Detained Injured Suspect Victim Missing Witness (circle all that apply)

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

DL/ID number and state: \_\_\_\_\_ Race: \_\_\_\_\_

Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

## Vehicles

Involvement: Suspect Victim Damaged General (circle all that apply)

License Plate: \_\_\_\_\_ State of Plate: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Number of doors: \_\_\_\_\_

Notes about distinct markings or damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Involvement: Suspect Victim Damaged General (circle all that apply)

License Plate: \_\_\_\_\_ State of Plate: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Number of doors: \_\_\_\_\_

Notes about distinct markings or damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Involvement: Suspect Victim Damaged General (circle all that apply)

License Plate: \_\_\_\_\_ State of Plate: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Number of doors: \_\_\_\_\_

Notes about distinct markings or damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Involvement: Suspect Victim Damaged General (circle all that apply)

License Plate: \_\_\_\_\_ State of Plate: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Number of doors: \_\_\_\_\_

Notes about distinct markings or damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Involvement: Suspect Victim Damaged General (circle all that apply)

License Plate: \_\_\_\_\_ State of Plate: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Number of doors: \_\_\_\_\_

Notes about distinct markings or damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Involvement: Suspect Victim Damaged General (circle all that apply)

License Plate: \_\_\_\_\_ State of Plate: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Number of doors: \_\_\_\_\_

Notes about distinct markings or damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

License Plate: \_\_\_\_\_ State of Plate: \_\_\_\_\_ Color: \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Number of doors: \_\_\_\_\_  
 Notes about distinct markings or damage: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

License Plate: \_\_\_\_\_ State of Plate: \_\_\_\_\_ Color: \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Number of doors: \_\_\_\_\_  
 Notes about distinct markings or damage: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(This section is for any previously unlisted property. Make sure to itemize each item and include any descriptors such as size, color, weight, serial number, model numbers etc.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]





instructional purpose.