

Security Incident Report

General Offense Number

Investigator Use Only:
 Refer to Law Department (LD)

Date Reported	Time Reported	Date Occurred (Month, Day, Year)	Time Occurred (24hr.)

Incident Location/Address

Offense #1 (Primary) <small>(Check one as applicable)</small>	Offense #2
<input type="checkbox"/> Theft (Shoplift) <input type="checkbox"/> Other _____ <input type="checkbox"/> Criminal Trespass	<input type="checkbox"/> Theft (Shoplift) <input type="checkbox"/> Other _____ <input type="checkbox"/> Criminal Trespass

Suspect #1

Suspect Name (Last, First, Middle) _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Unknown	HT	WT	Hair	Eyes
			DOB: / /			

Mailing Address (Include apartment numbers)	City/State	Zip Code	Phone <input type="checkbox"/> Home <input type="checkbox"/> Work
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Occupation	Employer/School	Military Branch <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> AirForce <input type="checkbox"/> Marine CO:
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Type of Identifications Provided:

No I.D. Verbal Only Other (Clarify in narrative)
 Drivers License # _____ State: _____ State ID Card # _____
 Social Security # _____
 No I.D. Identified by Police-Officers Names:

Resident? Yes No **Statement?** Yes No

Clarify suspect release disposition and police response information in the report narrative: Juvenile Suspect Adult Suspect

Released to Parent/Guardian (Name): _____
Released to Police (Officer's Name): _____
Released by Security Police Responded Police Assisted Only

Suspect #2

Suspect Name (Last, First, Middle) _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Unknown	HT	WT	Hair	Eyes
			DOB: / /			

Mailing Address (Include apartment numbers)	City/State	Zip Code	Phone <input type="checkbox"/> Home <input type="checkbox"/> Work
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Occupation	Employer/School	Military Branch <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> AirForce <input type="checkbox"/> Marine CO:
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Type of Identifications Provided:

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Resident? Yes No **Statement?** Yes No

Clarify suspect release disposition and police response information in the report narrative: Juvenile Suspect Adult Suspect

Released to Parent/Guardian (Name): _____
Released to Police (Officer's Name): _____
Released by Security Police Responded Police Assisted Only

Additional Suspects (Document additional suspects on a second SIR form. Print or Type the assigned police offense number and attach together.)

Victim/Witness

Store Name	Address

Institution Type <input type="checkbox"/> 76 Clothing Store <input type="checkbox"/> 80 Electronics Store <input type="checkbox"/> 87 Music/Movie/Game Store <input type="checkbox"/> 78 Department Store <input type="checkbox"/> 82 Grocery Store <input type="checkbox"/> 90 Sporting Goods Store <input type="checkbox"/> 79 Drug Store <input type="checkbox"/> 84 Hardware/Home Improvement <input type="checkbox"/> 89 Other	Phone
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Mail entire report to: Seattle Police Department, Data Distribution Section PO Box 34986 Seattle, WA 98124-4986 **Within 48 hours of Incident.**

Security Incident Report (continuation)

General Offense Number

Complainant/Witness				
Primary Complainant/Witness Name (Last, First, Middle)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Unknown	Date of Birth	Job Title/Security Co.
Subpoena Address (Include apartment numbers)	City/State	Zip Code	Contact Phone	
Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Witness				
Witness Name (Last, First, Middle)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Unknown	Date of Birth	Job Title/Security Co.
Subpoena Address (Include apartment numbers)	City/State	Zip Code	Contact Phone	
Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Witness				
<input type="checkbox"/> Assisted with Stop Only <input type="checkbox"/> Detention Witness Only <input type="checkbox"/> CCTV Operator/Witness <input type="checkbox"/> Sales Associate/Cashier <input type="checkbox"/> Initial Witness/Alerted Security				
Witness Name (Last, First, Middle)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Unknown	Date of Birth	
Subpoena Address (Include apartment numbers)	City/State	Zip Code	Contact Phone	
Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Physical Evidence Summary: (Mandatory)		
<input type="checkbox"/> Evidence Detailed Individually in Property Report	<input type="checkbox"/> No Video Record Exists	<input type="checkbox"/> Video Record of Incident Retained by Store
<input type="checkbox"/> All Listed Merchandise Recovered	<input type="checkbox"/> Detention Room video Only	<input type="checkbox"/> Video Record Given to Police

Evidence/Property				
Article Type	Brand Name	QTY	Individual Value @ \$	
Model #	Serial #	Internal #	Color	Size
<input type="checkbox"/> Recovered <input type="checkbox"/> Not Recovered <input type="checkbox"/> Damaged	Recovered from Suspect (Name)		Disposition: <input type="checkbox"/> Photographed <input type="checkbox"/> Returned to Stock (RTS) <input type="checkbox"/> Retained as Evidence <input type="checkbox"/> Destroyed/Disposed Of	
	Location Recovered From	Recovered by (Name)		

Evidence/Property				
Article Type	Brand Name	QTY	Individual Value @ \$	
Model #	Serial #	Internal #	Color	Size
<input type="checkbox"/> Recovered <input type="checkbox"/> Not Recovered <input type="checkbox"/> Damaged	Recovered from Suspect (Name)		Disposition: <input type="checkbox"/> Photographed <input type="checkbox"/> Returned to Stock (RTS) <input type="checkbox"/> Retained as Evidence <input type="checkbox"/> Destroyed/Disposed Of	
	Location Recovered From	Recovered by (Name)		

Evidence/Property				
Article Type	Brand Name	QTY	Individual Value @ \$	
Model #	Serial #	Internal #	Color	Size
<input type="checkbox"/> Recovered <input type="checkbox"/> Not Recovered <input type="checkbox"/> Damaged	Recovered from Suspect (Name)		Disposition: <input type="checkbox"/> Photographed <input type="checkbox"/> Returned to Stock (RTS) <input type="checkbox"/> Retained as Evidence <input type="checkbox"/> Destroyed/Disposed Of	
	Location Recovered From	Recovered by (Name)		

Additional Items Must be Recorded on the Property Continuation Form	Total Value of All Items: \$
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Security Incident Report (Property Form)

General Offense Number

Evidence/Property					
Article Type		Brand Name		QTY	Individual Value @ \$
Model #	Serial #	Internal #		Color	Size
<input type="checkbox"/> Recovered <input type="checkbox"/> Not Recovered <input type="checkbox"/> Damaged	Recovered from Suspect (Name)			Disposition: <input type="checkbox"/> Photographed <input type="checkbox"/> Returned to Stock (RTS) <input type="checkbox"/> Retained as Evidence <input type="checkbox"/> Destroyed/Disposed Of	
	Location Recovered From		Recovered by (Name)		
Article Type		Brand Name		QTY	Individual Value @ \$
Model #	Serial #	Internal #		Color	Size
<input type="checkbox"/> Recovered <input type="checkbox"/> Not Recovered <input type="checkbox"/> Damaged	Recovered from Suspect (Name)			Disposition: <input type="checkbox"/> Photographed <input type="checkbox"/> Returned to Stock (RTS) <input type="checkbox"/> Retained as Evidence <input type="checkbox"/> Destroyed/Disposed Of	
	Location Recovered From		Recovered by (Name)		
Article Type		Brand Name		QTY	Individual Value @ \$
Model #	Serial #	Internal #		Color	Size
<input type="checkbox"/> Recovered <input type="checkbox"/> Not Recovered <input type="checkbox"/> Damaged	Recovered from Suspect (Name)			Disposition: <input type="checkbox"/> Photographed <input type="checkbox"/> Returned to Stock (RTS) <input type="checkbox"/> Retained as Evidence <input type="checkbox"/> Destroyed/Disposed Of	
	Location Recovered From		Recovered by (Name)		
Article Type		Brand Name		QTY	Individual Value @ \$
Model #	Serial #	Internal #		Color	Size
<input type="checkbox"/> Recovered <input type="checkbox"/> Not Recovered <input type="checkbox"/> Damaged	Recovered from Suspect (Name)			Disposition: <input type="checkbox"/> Photographed <input type="checkbox"/> Returned to Stock (RTS) <input type="checkbox"/> Retained as Evidence <input type="checkbox"/> Destroyed/Disposed Of	
	Location Recovered From		Recovered by (Name)		
Article Type		Brand Name		QTY	Individual Value @ \$
Model #	Serial #	Internal #		Color	Size
<input type="checkbox"/> Recovered <input type="checkbox"/> Not Recovered <input type="checkbox"/> Damaged	Recovered from Suspect (Name)			Disposition: <input type="checkbox"/> Photographed <input type="checkbox"/> Returned to Stock (RTS) <input type="checkbox"/> Retained as Evidence <input type="checkbox"/> Destroyed/Disposed Of	
	Location Recovered From		Recovered by (Name)		
Article Type		Brand Name		QTY	Individual Value @ \$
Model #	Serial #	Internal #		Color	Size
<input type="checkbox"/> Recovered <input type="checkbox"/> Not Recovered <input type="checkbox"/> Damaged	Recovered from Suspect (Name)			Disposition: <input type="checkbox"/> Photographed <input type="checkbox"/> Returned to Stock (RTS) <input type="checkbox"/> Retained as Evidence <input type="checkbox"/> Destroyed/Disposed Of	
	Location Recovered From		Recovered by (Name)		

