

# South Bend Police Security Incident Report

Case Number
Supervisor Use Only: Name/PN: _____ <input type="checkbox"/> Refer to Prosecutors Office

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		

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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<b>Type of Identifications Provided:</b> <input type="checkbox"/> No I.D. Verbal Only <input type="checkbox"/> Drivers License # _____ State: _____ <input type="checkbox"/> Social Security # _____ <input type="checkbox"/> No I.D. Identified by Police-Officers Names:		<input type="checkbox"/> Other (Clarify in narrative) <input type="checkbox"/> State ID Card # _____	
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Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Clarify suspect release disposition and police response information in the report narrative:</b> <input type="checkbox"/> Juvenile Suspect <input type="checkbox"/> Adult Suspect <input type="checkbox"/> Released to Parent/Guardian (Name): _____ <input type="checkbox"/> Released to Police (Officer's Name): _____ <input type="checkbox"/> Released by Security <input type="checkbox"/> Police Responded <input type="checkbox"/> Police Assisted Only	
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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		

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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<b>Type of Identifications Provided:</b> <input type="checkbox"/> No I.D. Verbal Only <input type="checkbox"/> Drivers License # _____ State: _____ <input type="checkbox"/> Social Security # _____ <input type="checkbox"/> No I.D. Identified by Police-Officers Names:		<input type="checkbox"/> Other (Clarify in narrative) <input type="checkbox"/> State ID Card # _____	
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Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Clarify suspect release disposition and police response information in the report narrative:</b> <input type="checkbox"/> Juvenile Suspect <input type="checkbox"/> Adult Suspect <input type="checkbox"/> Released to Parent/Guardian (Name): _____ <input type="checkbox"/> Released to Police (Officer's Name): _____ <input type="checkbox"/> Released by Security <input type="checkbox"/> Police Responded <input type="checkbox"/> Police Assisted Only	
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<input type="checkbox"/> <b>Additional Suspects</b> (Document additional suspects on a second SIR form. Print or Type the assigned police offense number and attach together.)
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Victim/Witness	
Store Name	Address
Police Notes	Phone

# Security Incident Report (continuation)

Case Number \_\_\_\_\_

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

Witness				
<b>Witness Name</b> (Last, First, Middle)	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Unknown	<b>Date of Birth</b>	<b>Job Title/Security Co.</b>
<b>Subpoena Address</b> (Include apartment numbers)	<b>City/State</b>	<b>Zip Code</b>	<b>Contact Phone</b>	
<b>Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Statement?</b> <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				
<b>Witness Name</b> (Last, First, Middle)	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Unknown	<b>Date of Birth</b>	
<b>Subpoena Address</b> (Include apartment numbers)	<b>City/State</b>	<b>Zip Code</b>	<b>Contact Phone</b>	
<b>Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Statement?</b> <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				
<b>Article Type</b>	<b>Brand Name</b>	<b>QTY</b>	<b>Individual Value</b> @ \$	
<b>Model #</b>	<b>Serial #</b>	<b>Internal #</b>	<b>Color</b>	<b>Size</b>
<input type="checkbox"/> Recovered <input type="checkbox"/> Not Recovered <input type="checkbox"/> Damaged	<b>Recovered from Suspect (Name)</b>		<b>Disposition:</b> <input type="checkbox"/> Photographed <input type="checkbox"/> Returned to Stock (RTS) <input type="checkbox"/> Retained as Evidence <input type="checkbox"/> Destroyed/Disposed Of	
	<b>Location Recovered From</b>	<b>Recovered by (Name)</b>		

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

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

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

Case 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)			<b>Disposition:</b> <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)			<b>Disposition:</b> <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)			<b>Disposition:</b> <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)			<b>Disposition:</b> <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)			<b>Disposition:</b> <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)			<b>Disposition:</b> <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)		



**TRESPASS NOTICE**

To: \_\_\_\_\_

YOU ARE HEREBY NOTIFIED THAT BECAUSE OF YOUR MISCONDUCT,  
YOUR PATRONAGE IS NO LONGER WELCOME AT \_\_\_\_\_  
LOCATED IN ST. JOSEPH COUNTY, INDIANA.

SHOULD YOU ENTER THE PREMISES OF \_\_\_\_\_  
AFTER SERVICE OF THIS NOTICE, YOU WILL BE PROSECUTED FOR  
TRESPASS, AND SUBJECT TO A FINE OF UP TO \$5,000.00 AND  
IMPRISONMENT OF UP TO ONE YEAR AS PROVIDED IN I.C. 35-43-2.

DATE: \_\_\_\_\_                      MANAGER / AGENT: \_\_\_\_\_

SERVED ON (SIGNED / REFUSED): \_\_\_\_\_

DATE: \_\_\_\_\_                      SERVED BY: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_