

# Mishawaka Police Security Incident Report

<b>CASE NUMBER</b>
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<b>INCIDENT</b>	DATE REPORTED	TIME REPORTED (24hr.)	DATE OCCURRED (Month, Day, Year)	TIME OCCURRED (24hr.)
	INCIDENT LOCATION / ADDRESS			
	<b>OFFENSE #1 (Primary)</b> <input type="checkbox"/> Theft (Shoplift) <input type="checkbox"/> Other _____ <input type="checkbox"/> Criminal Trespass		<b>OFFENSE #2</b> <input type="checkbox"/> Theft (Shoplift) <input type="checkbox"/> Other _____ <input type="checkbox"/> Criminal Trespass	

<b>SUSPECT #1</b>	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"/> UNKNOWN <input type="checkbox"/> ASIAN <input type="checkbox"/> INDIAN	HT	WT	HAIR	EYES
	MAILING ADDRESS (Include Apt. No.)			CITY, STATE, ZIP	PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK	DOB (mm/dd/yyyy)	
	OCCUPATION	EMPLOYER / SCHOOL		MILITARY BRANCH <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES C.O.: _____			
	TYPES OF IDENTIFICATION PROVIDED						
	<input type="checkbox"/> No I.D. Verbal Only <input type="checkbox"/> Drivers License #: _____ State: ____ <input type="checkbox"/> Social Security #: _____						

CLARIFY SUSPECT RELEASE DISPOSITION AND POLICE RESPONSE INFORMATION IN REPORT NARRATIVE <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			SUSPECT <input type="checkbox"/> Juvenile <input type="checkbox"/> Adult	RESIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No	STATEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>SUSPECT #2</b>	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"/> UNKNOWN <input type="checkbox"/> ASIAN <input type="checkbox"/> INDIAN	HT	WT	HAIR	EYES
	MAILING ADDRESS (Include Apt. No.)			CITY, STATE, ZIP	PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK	DOB (mm/dd/yyyy)	
	OCCUPATION	EMPLOYER / SCHOOL		MILITARY BRANCH <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES C.O.: _____			
	TYPES OF IDENTIFICATION PROVIDED						
	<input type="checkbox"/> No I.D. Verbal Only <input type="checkbox"/> Drivers License #: _____ State: ____ <input type="checkbox"/> Social Security #: _____						

CLARIFY SUSPECT RELEASE DISPOSITION AND POLICE RESPONSE INFORMATION IN REPORT NARRATIVE <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			SUSPECT <input type="checkbox"/> Juvenile <input type="checkbox"/> Adult	RESIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No	STATEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No
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**ADDITIONAL SUSPECTS** (Document additional suspects on a second SIR form. Print or Type the assigned police offense number and attach together.)

VICTIM / WITNESS		
NAME	ADDRESS	PHONE (xxx-xxx-xxxx)
POLICE NOTES		

**\*\*\* REPORT MUST BE SIGNED AND DATED PRIOR TO SUBMITTING TO MISHAWAKA POLICE DEPARTMENT \*\*\***

# Security Incident Report (continuation)

<b>CASE NUMBER</b>
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<b>COMPLAINANT</b>	PRIMARY COMPLAINANT NAME <i>(Last, First, Middle)</i>	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> ASIAN <input type="checkbox"/> INDIAN	JOB TITLE / SECURITY CO.
	SUBPOENA ADDRESS <i>(Include Apt. No.)</i>	CITY, STATE, ZIP	PHONE <i>(xxx-xxx-xxxx)</i>	DOB <i>(mm/dd/yyyy)</i>
	RESIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		STATEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>WITNESS 1</b>	NAME <i>(Last, First, Middle)</i>	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> ASIAN <input type="checkbox"/> INDIAN	JOB TITLE / SECURITY CO.
	SUBPOENA ADDRESS <i>(Include Apt. No.)</i>	CITY, STATE, ZIP	PHONE <i>(xxx-xxx-xxxx)</i>	DOB <i>(mm/dd/yyyy)</i>
	RESIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		STATEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>OTHER WITNESS</b>	<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			
	NAME <i>(Last, First, Middle)</i>	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> ASIAN <input type="checkbox"/> INDIAN	JOB TITLE / SECURITY CO.
	SUBPOENA ADDRESS <i>(Include Apt. No.)</i>	CITY, STATE, ZIP	PHONE <i>(xxx-xxx-xxxx)</i>	DOB <i>(mm/dd/yyyy)</i>
	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

<b>EVIDENCE/PROPERTY</b>	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 <i>(NAME)</i>			DISPOSITION	
		LOCATION RECOVERED FROM	RECOVERED BY <i>(NAME)</i>		<input type="checkbox"/> PHOTOGRAPHED <input type="checkbox"/> RETURNED TO STOCK (RTS) <input type="checkbox"/> RETAINED AS EVIDENCE <input type="checkbox"/> DESTROYED / DISPOSED OF	

<b>EVIDENCE/PROPERTY</b>	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 <i>(NAME)</i>			DISPOSITION	
		LOCATION RECOVERED FROM	RECOVERED BY <i>(NAME)</i>		<input type="checkbox"/> PHOTOGRAPHED <input type="checkbox"/> RETURNED TO STOCK (RTS) <input type="checkbox"/> RETAINED AS EVIDENCE <input type="checkbox"/> DESTROYED / DISPOSED OF	

<b>EVIDENCE/PROPERTY</b>	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 <i>(NAME)</i>			DISPOSITION	
		LOCATION RECOVERED FROM	RECOVERED BY <i>(NAME)</i>		<input type="checkbox"/> PHOTOGRAPHED <input type="checkbox"/> RETURNED TO STOCK (RTS) <input type="checkbox"/> RETAINED AS EVIDENCE <input type="checkbox"/> DESTROYED / DISPOSED OF	

Record Additional Items on the Property Form *(next page)*

TOTAL VALUE OF ALL ITEMS:	\$
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# Security Incident Report (Property Form)

<b>CASE NUMBER</b>
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<b>EVIDENCE/PROPERTY</b>	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		
		LOCATION RECOVERED FROM		RECOVERED BY (NAME)		<input type="checkbox"/> PHOTOGRAPHED <input type="checkbox"/> RETURNED TO STOCK (RTS) <input type="checkbox"/> RETAINED AS EVIDENCE <input type="checkbox"/> DESTROYED / DISPOSED OF	
<b>EVIDENCE/PROPERTY</b>	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		
		LOCATION RECOVERED FROM		RECOVERED BY (NAME)		<input type="checkbox"/> PHOTOGRAPHED <input type="checkbox"/> RETURNED TO STOCK (RTS) <input type="checkbox"/> RETAINED AS EVIDENCE <input type="checkbox"/> DESTROYED / DISPOSED OF	
<b>EVIDENCE/PROPERTY</b>	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		
		LOCATION RECOVERED FROM		RECOVERED BY (NAME)		<input type="checkbox"/> PHOTOGRAPHED <input type="checkbox"/> RETURNED TO STOCK (RTS) <input type="checkbox"/> RETAINED AS EVIDENCE <input type="checkbox"/> DESTROYED / DISPOSED OF	
<b>EVIDENCE/PROPERTY</b>	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		
		LOCATION RECOVERED FROM		RECOVERED BY (NAME)		<input type="checkbox"/> PHOTOGRAPHED <input type="checkbox"/> RETURNED TO STOCK (RTS) <input type="checkbox"/> RETAINED AS EVIDENCE <input type="checkbox"/> DESTROYED / DISPOSED OF	
<b>EVIDENCE/PROPERTY</b>	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		
		LOCATION RECOVERED FROM		RECOVERED BY (NAME)		<input type="checkbox"/> PHOTOGRAPHED <input type="checkbox"/> RETURNED TO STOCK (RTS) <input type="checkbox"/> RETAINED AS EVIDENCE <input type="checkbox"/> DESTROYED / DISPOSED OF	
<b>EVIDENCE/PROPERTY</b>	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		
		LOCATION RECOVERED FROM		RECOVERED BY (NAME)		<input type="checkbox"/> PHOTOGRAPHED <input type="checkbox"/> RETURNED TO STOCK (RTS) <input type="checkbox"/> RETAINED AS EVIDENCE <input type="checkbox"/> DESTROYED / DISPOSED OF	

\* \* \* REPORT MUST BE SIGNED AND DATED PRIOR TO SUBMITTING TO MISHAWAKA POLICE DEPARTMENT \* \* \*

CASE NUMBER
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### Report Narrative

Detail Incident and Describe Investigations  
*(use additional pages as necessary)*

Narrative continues on \_\_\_\_ additional page(s)

#### SIGNATURE & STATEMENT

I, \_\_\_\_\_ certify (or declare) under penalty of perjury under the laws of the State of Indiana that the foregoing is true and accurate. I understand I may be charged with violation of 35-44.1-2-3 False Reporting if knowingly filing a false report. Signed on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, at the City of Mishawaka, County of Saint Joseph, in the State of Indiana.

\_\_\_\_\_  
*(Signed)*

**Signature is MANDATORY! Must be present, signed/dated following each page of report narrative or statement.**

## 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: \_\_\_\_\_