



INCIDENT REPORT / STATEMENT FROM

Instructions: Please complete this form, sign and date the back page and return it to the Teton County Sheriff's office as soon as possible, or return it to the deputy assigned to your case. The information you provide will be used to understand what occurred, organize the investigative case, and determine where evidence might be found. All information provided will remain confidential and used only in the case investigation.

Case Number (provided by deputy): _____

Case Information

Date/Time of Incident: _____ Location of Incident: _____

Type of Incident: _____

Reporting Party/Victim Information

Full Name: _____ Date of Birth: _____

Driver's License State: ____ Driver's License #: _____

Physical Address: _____ City: _____ State: ____ Zip: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Home Phone #: _____ Cell Phone #: _____ Work #: _____

Email: _____

Witness/Other Involved Person Information

Full Name: _____ Date of Birth: _____

Physical Address: _____ City: _____ State: ____ Zip: _____

Home Phone #: _____ Cell Phone #: _____ Work #: _____

Suspect/Other Person Information

Full Name: _____ Date of Birth: _____

Physical Description: Sex: ____ Race: ____ Ethnicity: ____ Hgt: ____ Wgt: ____ Build: ____

Hair: ____ Eye: ____ Scars, Marks, or Tattoos: _____

Clothing: _____

Vehicle: _____

Physical Address: _____ City: _____ State: ____ Zip: _____

Home Phone #: _____ Cell Phone #: _____ Work #: _____

Name of Employer/Business: _____

Statement:

Please describe what occurred: _____

(Continue on next page)

