

CRAIGHEAD COUNTY SHERIFF'S DEPARTMENT INCIDENT REPORTING FORM

Email completed form to: report@craigheadso.org

Location of incident	DMMYYYY): ::				
Incident	□Collision (w/par	ked car)	□Slip/bodily reaction		
□Assault/Sexual	□Collision (w/mo	☐Collision (w/moving car)		☐Chased by dog	
□Assault	□Collision (w/ani	☐Collision (w/animal/object)		□Trip/fall	
□Fall	☐Collision (w/per	rson)	☐Bit by dog		
□Caught in, on, bet	tween Struck by flying/	by flying/falling object		□Animal bite	
Rider Activity	Weather Conditions	Road Condit	ions	Road Type	
☐Turning right	□Sunny	□Wet		□Paved	
☐Turning left	□Cloudy	□Dry		□Gravel	
☐Being passed	□Foggy	□lcy		□Dirt	
□Passing	□Raining			□Chat	
\Box Intersection	□Snowing				
□Straight	ad during the incident? □Vec	□No. If no. proces	ad to the Con	anlaint caction	
Vas an injury sustain		•	□ Fema		
Vas an injury sustain Victim's Name: DOB:/			□ Fema	le	
Vas an injury sustain Victim's Name: DOB:/ Address: Home phone nu Guardian/Parent (if Address:	Street address City	□ Male	☐ Fema A State	pt # Zip Code	
Victim's Name: DOB:/ Address: Home phone not Guardian/Parent (if Address: Phone Number:	Street address City Imber (or message#) Wo Victim is a child):	□ Male	☐ Fema A State	pt # Zip Code ell phone number	
Vas an injury sustain Victim's Name: DOB:/ Address: Home phone nu Guardian/Parent (if Address:	Street address City Imber (or message#) Wo Victim is a child):	□ Male	☐ Fema	pt # Zip Code ell phone number	
Vas an injury sustain Victim's Name: DOB:/ Address: Home phone nu Guardian/Parent (if Address: Phone Number:	Street address City Imber (or message#) Wo victim is a child): City	□ Male ork phone number State	☐ Fema	pt # Zip Code ell phone number Zip	



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Body Part(s) Injured: Dis	position:						
\ _A	mbulance	☐Continued Riding	☐Medical Attention				
DR	efusal of care	☐Report only	□Police				
DR	teleased to parent	☐Referred to hospital	/clinic				
Witness Information							
Name	Address Phone Number		Phone Number				
Complainant's Name:							
Address:							
Street ad			Apt #				
City		 State	Zip Code				
City		State	Zip Code				
Home phone number (or message#)	Work pho	one number	Cell phone number				
Complaint							
Describe how the incident occurred							
Name			Date				
Use the back or a separate sheet of paper if more room is peeded							