



**CRAIGHEAD COUNTY SHERIFF'S DEPARTMENT
INCIDENT REPORTING FORM**

Email completed form to:
report@craigheadso.org

Date of incident (DDMMYYYY): _____ Time of incident: _____ AM PM

Location of incident: _____

City, State, Zip: _____

Incident

- Assault/Sexual
- Assault
- Fall
- Caught in, on, between
- Collision (w/parked car)
- Collision (w/moving car)
- Collision (w/animal/object)
- Collision (w/person)
- Struck by flying/falling object
- Slip/bodily reaction
- Chased by dog
- Trip/fall
- Bit by dog
- Animal bite _____

Rider Activity

- Turning right
- Turning left
- Being passed
- Passing
- Intersection
- Straight

Weather Conditions

- Sunny
- Cloudy
- Foggy
- Raining
- Snowing

Road Conditions

- Wet
- Dry
- Icy

Road Type

- Paved
- Gravel
- Dirt
- Chat

Was an injury sustained during the incident? Yes No. If no, proceed to the **Complaint** section.

Victim's Name: _____

DOB: ____/____/____ Male Female

Address: _____
Street address Apt #

_____ City State Zip Code

_____ Home phone number (or message#) Work phone number Cell phone number

Guardian/Parent (if victim is a child): _____

Address: _____
City State Zip

Phone Number: _____

Primary Injury

- Abrasion
- Laceration
- Sting/Bite
- Strain/Sprain
- Dislocation
- Burn
- Foreign Body
- Fracture
- Pain
- Contusion
- Concussion
- Electric Shock

