



# Admiral Security Services, Inc.

2151 Salvio St. Suite 260 Concord, CA 94520

License No. PPO 15200 DPS 1609999

## INCIDENT REPORT (IR)

FAX TO 925-421-0842

### Officer Information

Officer Name:		Emp ID:	Report Date:	Report Time:
Store Name & Location:		On-Duty Lead Name:	Occurred Date:	Occurred Time:
Duty Type: <input type="checkbox"/> BDU <input type="checkbox"/> Suit/Tie <input type="checkbox"/> Event Staff <input type="checkbox"/> Plain Clothes <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed				
Name of Client Manager/Representative on duty:			Name of Security Supervisor Contact:	
Incident Type:				

### Assisting Officer Information

Name:	Duty Type: <input type="checkbox"/> BDU <input type="checkbox"/> Suit/Tie <input type="checkbox"/> Event Staff <input type="checkbox"/> Plain Clothes <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	Role:
Name:	Duty Type: <input type="checkbox"/> BDU <input type="checkbox"/> Suit/Tie <input type="checkbox"/> Event Staff <input type="checkbox"/> Plain Clothes <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	Role:

### Police Information

Police Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Called @   hrs.	Police Arrived @   hrs.	Police Departed @   hrs.	Police Agency	Event/Incident #:
Subject Disposition by Police: <input type="checkbox"/> Cited & Released <input type="checkbox"/> Arrested <input type="checkbox"/> Released			Officer Name:	Badge/ID #:	

### Witness Information

Name:	Address:	Phone Number: (   )   -
Name:	Address:	Phone Number: (   )   -

### Property Information

Item	Item Description	Recovered?	Qty	Value
1.		Y   N		\$
2.		Y   N		\$

### Injuries

Name:	Type of Injury:	Offered/Accepted Med?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Accept <input type="checkbox"/> Decline
Name:	Type of Injury:	Offered/Accepted Med?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Accept <input type="checkbox"/> Decline

### Vehicle Information

Make:	Model:	Plates:	State:	Color:
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### Subject Information

#	Name:	Address:			Phone Number: ( ) -		
Type of ID:		ID Serial #:	Issuing Authority		Phone Number: ( ) -		
DOB: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	Eyes:	Hair:	Height: Ft. In.	Weight: Lbs.	
Clothing Description (Given From Head to Toe):							
Subject Cooperative? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Document in narrative.		Was Force Used? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Document in narrative.		Subject Handcuffed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Document in narrative.		Final Disposition of Subject <input type="checkbox"/> Released <input type="checkbox"/> Citizen's Arrest	
Did you ask the subject for a statement? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Document in narrative.			Detention Time:		Release Time:		
Subject Juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Age:		Was Juvenile's Legal Guardian or Parent Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name:					

#	Name:	Address:			Phone Number: ( ) -		
Type of ID:		ID Serial #:	Issuing Authority		Phone Number: ( ) -		
DOB: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	Eyes:	Hair:	Height: Ft. In.	Weight: Lbs.	
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Subject Juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Age:		Was Juvenile's Legal Guardian or Parent Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name:					

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