

Goshen Police Department Security Incident Report

Case Number:

Date Reported

Time Reported

Date Occurred (Month,Day, Year)

Time Occurred (24hr)

Incident location/address

Total Value/Loss (Please include item detail here with individual prices and total price.)

Suspect(s) Description-

Vehicle Description-

Incident Report-

Suspect interaction-

Suspect Identification-

Attach Supporting Documents(Store reports, suspect images, etc.):

****After receiving a case number, please deliver two CD/DVDs with the case number to the Goshen Police Department during regular business hours.**