

Instructions: You may use Adobe Acrobat to fill, save, email and print this form. Use the mouse to insert the cursor in a field or click check boxes. When completed, move cursor on the Submit by Email (click) and follow the instruction. For reported Incident requiring Immediate/Priority response - Call 911 OR (203) 729-5221, then complete this form.

	PERSON REPORTING INCIDE	NT If anonymous, check box
AME (Last, First)	ADDRESS	PHONE
ATE OF INCIDENT (MM/DD/YYYY)	INCIDENT LOCATION	
DESCRIPTION OF INCIDENT		
SUBJECT NAME (Last, First)	SUSPECT INFORMATION (if kn	
DATE OF BIRTH (MM/DD/YYYY)	SEX	PHONE
SUSPECT DESCRIPTORS (hair, eyes, build, etc.)		
	VEHICLE INFORMATION	Check box if unknown
Year Make	Model	Vehicle Type