

# INCIDENT / PERSONAL DESCRIPTION FORM

PLEASE COMPLETE BOTH SIDES

COMPLETED BY (NAME) .....

ADDRESS .....

..... TEL. NO. ....

INCIDENT OCCURRED - STORE ..... DATE ..... TIME .....

STORE ADDRESS .....

DO YOU KNOW THE SUSPECT? YES/NO    HAVE YOU SEEN THE SUSPECT BEFORE? YES/NO

REASON FOR YOUR SUSPICION.....

.....

.....

CREDIT/DEBIT CARD NO. .... RECOVERY? YES/ NO

NAME ON CARD.....

ANY OTHER WITNESSES? YES/NO    PHOTO/C.C.T.V. FOOTAGE TAKEN & PRESERVED? YES/NO

WITNESS CONTACT DETAILS.....

ANY VEHICLE USED? YES/NO    MAKE .....MODEL .....

REG NO. .... COLOUR.....

GARDAI CONTACTED? YES/NO ..... CRIME REF. NO. ....

NAME OF GARDA.....

GARDA STATION.....

## ACTION

Hand a copy of this form to the Gardaí if required

[www.SafeCard.ie](http://www.SafeCard.ie)



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PLEASE COMPLETE BOTH SIDES

MALE

FEMALE

EARS:  
EARRINGS

HAIR/HAT

COMPLEXION

EYES:  
COLOUR/GLASSES

MOUTH:  
BEARD/MOUSTACHE

NOSE

UPPER CLOTHES/  
JEWELLERY

HEIGHT

AGE

LOWER CLOTHES

ETHNIC ORIGIN

FOOTWEAR

BUILD

ACCENT

SCARS/MARKS/  
TATTOOS/PIERCINGS

BAGGAGE

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