

INCIDENT NUMBER(S): _____

DATE REPORTED: _____

VICTIM DETAILS:

Name: _____
Gender: _____
Age: _____
Ethnicity: _____
Build: _____
Clothing: _____

OFFENDER DETAILS:

Name: _____
Gender: _____
Age: _____
Ethnicity: _____
Build: _____
Clothing: _____

LOCATION:

Where: _____
Landmarks at location: _____
Vulnerabilities at location: _____

TIME SCALES:

When did it happen: _____
How long did it last: _____
Any previous attacks: _____

METHOD:

How did the crime take place: _____
Any weapon or article: _____

SUSPICIOUS BEHAVIOUR:

Prior to the incident: _____

MOTIVE:

Reason for attack: _____
Phobic language used: _____