



Security Management of SC
PO Drawer 1523, Sumter S.C. 29151
803-775-1259 – Fax 803-778-0272

Incident Report

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|---|--|
| Client: _____ Complainant: _____ Phone: _____ | |
| Address: _____ City: _____ State: _____ Zip _____ | |
| Time of Occurrence: _____ Date of Occurrence: _____ | |
| Nature of Incident: (1) Fire (2) Theft (3) Injury (4) Property Damage (Circle one) (5) Other _____ | |
| Outside Assistance: (1) Police Agency: _____ (2) Fire Department Agency: _____ (3) Ambulance Agency: _____ | |
| Name: _____ Title: _____ Case#: _____ | |
| Details of Incident: (Who, What, When, Where, Why & How) _____ _____ _____ _____ _____ _____ _____ | |
| Action Taken: _____ _____ _____ _____ | |
| Officer Name: _____ Date: _____ Officer Signature: _____ Supervisor Signature: _____ | |