

Department of Land & Natural Resources (DLNR)  
Division of Conservation Resources Enforcement (DOCARE)

COMMUNITY INCIDENT REPORT

**Observed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Suspect 1:** \_\_\_\_\_

\_\_\_\_\_

**Suspect 2:** \_\_\_\_\_

\_\_\_\_\_

**Suspect 3:** \_\_\_\_\_

\_\_\_\_\_

(Provide suspect name if known. Provide approx. description: age, height, weight, hair, type/color of clothing, identifying marks such as scars, tattoos, etc.)

**Vehicle/License Plate NO.** \_\_\_\_\_

(Provide description make/model/year/color; other characteristics)

**Vessel/HA NO:** \_\_\_\_\_

(Provide description make/model/color; other characteristics)

**Observations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Suspect actions and description of equipment using, etc. Continue observations on additional pages as necessary)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Telephone #(s):** \_\_\_\_\_