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**IN-STORE ROBBERY INCIDENT REPORT**

GENERAL INFORMATION:

Date of Incident:\_\_\_\_\_\_\_\_\_\_\_ Store Name/Address/Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Store Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager on Duty at Time of Incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STORE INFORMATION:

1. How many entry/exit doors are at this location n? \_\_\_\_\_\_\_\_\_\_\_\_
2. Do all entrances except the front have some type of working security code system? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
3. Do all entrances including the front have properly working locks? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
4. Were all security cameras operating at the time of the incident? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
5. Was the safe time locked and working properly? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
6. What was the total amount of money in bills in the till? \_\_\_\_\_\_\_\_\_\_\_\_
7. Are the parking areas typically well-lit at night? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
	1. Were the parking area lights on when the incident occurred? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
	2. Is it easy to distinguish between the front and backside of the building? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

INCIDENT SPECIFIC STORE INFORMATION:

1. Was the store open or closed? \_\_\_\_\_\_Open \_\_\_\_\_\_Closed
	1. If Open, were all doors except the front locked? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
	2. If Closed, were all door locked? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
		* Describe how offenders gained entry:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Was the store attended or vacant? \_\_\_\_\_\_Attended \_\_\_\_\_\_Vacant
	1. If attended, how many team members were present during the incident? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Position and Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Position and Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Position and Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Position and Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INCIDENT INFORMATION:

1. What time did the incident occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many offenders were involved in the incident? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. Description of offenders:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. How did the offenders enter the store?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. \_\_\_\_\_\_ Front door
		1. Is the front door easily in view from the front kitchen area? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
	2. \_\_\_\_\_\_ Back door
		1. Was the entrance locked? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
	3. \_\_\_\_\_\_ Side door
		1. Was the entrance locked? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
	4. If the entrance was locked, what was the last security code used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Were there any weapons used? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
	1. If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Was anyone injured? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
	1. If yes, who?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. If yes, what happened?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. If yes, please fill out an individual team member injury report for each person injured.
4. What was the total monetary loss?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Was any personal property taken or damaged? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
	1. If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Was the drop box robbed? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
	1. If yes, was the drop box secure? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
7. Was the safe robbed? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
	1. If so, was the time delay set? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
8. Was an individual driver robbed? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
	1. If yes, who?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Did all drivers make their drops according to policy? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
10. Did anyone resist? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

Additional Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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POLICE INFORMATION:

Police Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer’s Name and Badge #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS INFORMATION:

Name, Address, Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Address, Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Address, Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOLLOW UP INFORMATION:

Was anyone apprehended? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

Was anyone found guilty? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

Was any stolen merchandise retrieved? \_\_\_\_\_\_Yes \_\_\_\_\_\_No Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Report Writer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of General Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_