

LINCOLN COUNTY SHERIFF'S OFFICE Online Incident Report

Date of Incident: Time of Incident:			Incident #: Deputy's Name:		
City:		State:	Zip Code:		
Victim's Information:					
Last Name:		First:	MI:	DOB:	Age:
Race:	Sex:	Driver's Lic #:		State:	
Home Address:					
City:	State:		Zip Code:		
Home Phone:		Mobile Phone:	Work Phone:		
Height: Weight:	Hair	Color:	Eye Color:	Eye Color: Build:	
Suspect's Information:					
Last Name:		First:	MI:	DOB:	Age:
Race:	Sex:	Driver's Lic #:		State:	
Home Address:					
City:	State:		Zip Code:		
Home Phone:		Mobile Phone:	Work Phone:		
Height: Weight:	Hair	Color:	Eye Color:	Build:	

Please explain in detail the circumstances of your report: