



VAN WERT COUNTY SHERIFF'S OFFICE
SHERIFF THOMAS M. RIGGENBACH

Van Wert County Sheriff's Office
 Office 419-238-3866
 Fax 419-238-9531
 113 N. Market Street
 Van Wert, Ohio 45891
 www.vanwertcountysheriff.com

INCIDENT REPORT FORM

Please enter your information as completely and accurate as possible. Any false or misleading information submitted in this report could result in criminal charges being filed against you for falsification, under Ohio Law.

REPORT DATE:	INCIDENT DATE:	TIME OF INCIDENT:
CRIMINAL OFFENSE:		
OTHER COMPLAINT:		
INCIDENT LOCATION:		
CITY:	STATE:	ZIP CODE:

R (R) Reportee					
NAME:		DOB:	AGE:	SSN:	
HAIR:	EYES:	HEIGHT:	WEIGHT:	SEX:	RACE:
ADDRESS:		CITY:	STATE:	ZIP CODE:	
PHONE:		WORK PHONE:			
EMAIL ADDRESS:					

(V)Victim (S)Suspect (W)Witness					
NAME:		DOB:	AGE:	SSN:	
HAIR:	EYES:	HEIGHT:	WEIGHT:	SEX:	RACE:
ADDRESS:		CITY:	STATE:	ZIP CODE:	
PHONE:		WORK PHONE:			
EMAIL ADDRESS:					

(V)Victim (S)Suspect (W)Witness					
NAME:		DOB:	AGE:	SSN:	
HAIR:	EYES:	HEIGHT:	WEIGHT:	SEX:	RACE:
ADDRESS:		CITY:	STATE:	ZIP CODE:	
PHONE:		WORK PHONE:			
EMAIL ADDRESS:					

(V)Victim (S)Suspect (W)Witness					
VEHICLE INFO	YEAR:	MAKE:	MODEL:	COLOR:	
STYLE:	VIN:		DAMAGE/ID:		
OWNER:	REGISTRATION:		STATE:	VALUE:	



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INCIDENT REPORT FORM CONTINUED:

SUPPLEMENTAL: INVOLVED PERSONS/VEHICLES:

(V)Victim (S)Suspect (W)Witness					
NAME:			DOB:	AGE:	SSN:
HAIR:	EYES:	HEIGHT:	WEIGHT:	SEX:	RACE:
ADDRESS:			CITY:	STATE:	ZIP CODE:
PHONE:		SCARS, MARKS, TAT:			

(V)Victim (S)Suspect (W)Witness					
NAME:			DOB:	AGE:	SSN:
HAIR:	EYES:	HEIGHT:	WEIGHT:	SEX:	RACE:
ADDRESS:			CITY:	STATE:	ZIP CODE:
PHONE:		SCARS, MARKS, TATT			

(V)Victim (S)Suspect (W)Witness					
NAME:			DOB:	AGE:	SSN:
HAIR:	EYES:	HEIGHT:	WEIGHT:	SEX:	RACE:
ADDRESS:			CITY:	STATE:	ZIP CODE:
PHONE:		SCARS, MARKS, TAT:			

(V)Victim (S)Suspect (W)Witness					
VEHICLE INFO	YEAR:	MAKE:	MODEL:	COLOR:	
STYLE:	VIN:		DAMAGE/ID:		
OWNER:		REGISTRATION:	STATE:	VALUE:	

(V)Victim (S)Suspect (W)Witness					
VEHICLE INFO	YEAR:	MAKE:	MODEL:	COLOR:	
STYLE:	VIN:		DAMAGE/ID:		
OWNER:		REGISTRATION:	STATE:	VALUE:	



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PROPERTY SUPPLEMENT

Please provide as much detailed information as possible about the property involved in this complaint.

TYPE PROPERTY, LOSS CODE ENTER CODE BELOW		(1) NONE, (2) COUNTERFEITED/FORGED, (3) STOLEN (4) DESTROYED/DAMAGED/VANDALIZED	
LOSS CODE:	DESCRIPTION:		TOTAL VALUE:
OWNER:	MAKE:	MODEL:	VALUE:
OTHER DESCRIPTION:			

LOSS CODE:	DESCRIPTION:		TOTAL VALUE:
OWNER:	MAKE:	MODEL:	VALUE:
OTHER DESCRIPTION:			

LOSS CODE:	DESCRIPTION:		TOTAL VALUE:
OWNER:	MAKE:	MODEL:	VALUE:
OTHER DESCRIPTION:			

LOSS CODE:	DESCRIPTION:		TOTAL VALUE:
OWNER:	MAKE:	MODEL:	VALUE:
OTHER DESCRIPTION:			

LOSS CODE:	DESCRIPTION:		TOTAL VALUE:
OWNER:	MAKE:	MODEL:	VALUE:
OTHER DESCRIPTION:			

LOSS CODE:	DESCRIPTION:		TOTAL VALUE:
OWNER:	MAKE:	MODEL:	VALUE:
OTHER DESCRIPTION:			

LOSS CODE:	DESCRIPTION:		TOTAL VALUE:
OWNER:	MAKE:	MODEL:	VALUE:
OTHER DESCRIPTION:			



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DESCRIPTION OF INCIDENT:

Please type an accurate detailed statement about the facts of your complaint: (Include who, what, when, where, why and how do you know). If you prefer to hand write your statement you may do so on the voluntary statement form.