



LOSS, OFFENSE, OR INCIDENT REPORT

Continental Secret Service Bureau, Inc.

EVER ALERT

419 Huron St. / Toledo, Ohio 43604 /

In Toledo: (419) 243-2515 or 243-9300
Outside Toledo: 1-800-869-8975

GSSB LOCATION TOLEDO <input type="checkbox"/> OTHER <input type="checkbox"/>										
DATE			DAY		SECURITY OFFICER				PAGE	OF
JOB SITE / CLIENT NAME					ADDRESS					
TIME OF INCIDENT		DATE OF INCIDENT			CLIENT NOTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>		PERSON NOTIFIED			
POLICE NOTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>		FIRE DEPARTMENT NEEDED YES <input type="checkbox"/> NO <input type="checkbox"/>			CENTRAL STATION ADVISED YES <input type="checkbox"/> NO <input type="checkbox"/>		FOR SUPERVISORY USE ONLY			
MUNICIPALITY		MUNICIPALITY			OPERATOR					
NAME	UNIT NO.	STATION		TRUCK NO.		Please note: all reports are using the 24-hour clock.				
SUBJECT <input type="checkbox"/>	NAME				AGE	SEX	RACE	WORK PHONE	DEPARTMENT	
WITNESS <input type="checkbox"/>	HOME ADDRESS				CITY	STATE	ZIP	HOME PHONE		
VICTIM <input type="checkbox"/>										
REPORTING PARTY <input type="checkbox"/>										
VEHICLE INVOLVED <input type="checkbox"/>	VEHICLE DESCRIPTION			LICENSE		PROPERTY DAMAGE		INJURIES		
	YEAR	MAKE	MODEL	STATE	NO.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
NATURE OF INCIDENT	AUTO THEFT <input type="checkbox"/>		AUTO BURGLARY <input type="checkbox"/>		AUTO ACCIDENT <input type="checkbox"/>		STOLEN ITEM <input type="checkbox"/>		FIRE <input type="checkbox"/>	
	MISSING EQUIPMENT <input type="checkbox"/>		VANDALISM <input type="checkbox"/>		WORK RELATED ACCIDENT <input type="checkbox"/>		LOST/FOUND <input type="checkbox"/>			
OTHER:										
NARRATIVE: DETAIL WHAT OCCURED USING WHO, WHAT, WHERE, WHEN, WHY, AND HOW . . .										
REPORT DISTRIBUTION:										
COPIES OF REPORT SENT TO										
CLIENT <input type="checkbox"/>			MAINTENANCE <input type="checkbox"/>			INSURANCE DEPT. <input type="checkbox"/>				
CSSB OFFICE <input type="checkbox"/>			PERSONNEL DEPT. <input type="checkbox"/>			OUTSIDE INSURANCE COMPANY <input type="checkbox"/>				
REPORTING SECURITY OFFICER					ADDITIONAL SECURITY OFFICER(S)					
SIGNATURE					DATE					