

CLEVELAND DIVISION OF POLICE

CLEVELAND, OHIO
DIVISIONAL INFORMATION

DIST. ZONE _____, 20__

EXAMINED BY _____ RANK _____, 20__

FROM _____ TO _____

SUBJECT Horse Related Incident

COPIES TO Chief's Office, Mounted Unit, District/Unit Files

Sir/Ma'am:

I am reporting the below horse related incident.

Date: _____ Time: _____ Location: _____

Company/Owner: _____

Address: _____ Phone Number: _____

Carriage Operator: _____ Operators License No.: _____

Address: _____ Phone Number: _____

Carriage Assistant: _____

Address: _____ Phone Number: _____

Name of Horse(s): _____

_____ Age: _____

Description: _____

_____ Age: _____

Description: _____

Summary of Incident:

Damage that resulted from the incident:

Injuries that resulted from the incident:

Citation Number and Violation: _____ Incident Report Number: _____

Respectfully,
