

REPORT FORM

DATE: _____ TIME: _____ YOUR NAME: _____

LOCATION OF INCIDENT: _____ INCIDENT LOG NO.: _____

ANIMAL ON:-
ROAD: _____ VERGE: _____ ELSEWHERE (PLEASE STATE): _____

SPECIES OF ANIMAL: _____

HOW WAS THE ANIMAL DISPATCHED:

SHOTGUN: _____ HUMANE KILLER: _____ RIFLE: _____

OTHER (PLEASE STATE): _____

CARCASS REMOVED BY: _____

METHOD OF DISPOSAL: _____

POLICE PRESENT: YES/ NO: _____ COLLAR NUMBER OF OFFICER: _____

PUBLIC PRESENT: YES/NO: _____ TIME OF LEAVING INCIDENT SITE: _____

YOUR COMMENTS: _____

POLICE OR PUBLIC COMMENTS TO YOU (IF APPLICABLE): _____

Please return completed forms to Firearms and Explosives Licensing Unit,
Sussex Police Headquarter, Malling House, Church Lane, Lewes, East Sussex, BN7 2DZ
or email to firearms.licensing@sussex.pnn.police.uk

Please retain a copy for your own records