EXECUTIVE SECURITY SPECIALISTS, INC.

UNUSUAL OCCURRENCE REPORT

Phone: 815-932-8800 *Fax: 815-932-5566*

ACCOUNT NAME:	CITY:	STATE:

TYPE OF OCCURRENCE:	LOCATION OF OCCURRENCE:

DATE OF OCCURRENCE:	TIME:	REPORTING OFFICER:	BADGE #

NO. 1	NAME		SEX	RACE	DATE OF BIRTH
	ADDRESS	CITY	STATE	HOME PHONE:	

NO. 2	NAME		SEX	RACE	DATE OF BIRTH
	ADDRESS	CITY	STATE	HOME PHONE:	

NO. 3	NAME		SEX	RACE	DATE OF BIRTH
	ADDRESS	CITY	STATE	HOME PHONE:	

EXPLANATION OF OCCURRENCE:

COLOR	YEAR	MAKE	MODEL	LICENSE PLATE	LICENSE STATE	VEHICLE IDENTIFICATION NUMBER

BY SIGNING BELOW, I HEREBY ATTEST AND AFFIRM THAT THIS REPORT IS COMPLETE, ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

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REPORTING OFFICER'S SIGNATURE