

INCIDENT REPORT FORM

DATE \_\_\_\_\_

TIME \_\_\_\_\_

PLACE \_\_\_\_\_

THE FOLLOWING TOOK PLACE

I CERTIFY THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE.

THE FOLLOWING WERE WITNESSES TO THE ABOVE INCIDENT.

PLEASE PLACE THIS FORM IN AN ENVELOPE AND PLACE UNDER THE CHIEF'S DOOR OR STAPLE THIS FORM CLOSED AND PLACE IT UNDER THE COMMUNICATIONS DOOR.

DATE RECEIVED BY CHIEF \_\_\_\_\_ ACTION TAKEN \_\_\_\_\_

OFFICERS COPY

FILE COPY

ORIGINAL