

Name of Copwatcher _____

Incident Report # _____

C O P W A T C H U S E O N L Y A B O V E T H I S L I N E

COPWATCH INCIDENT REPORT FORM

IMPORTANT: If the victim/arrestee wishes his/her identity to be confidential, mark this box .

TIME AND PLACE

Date/Time of Incident _____ at _____ time _____ am/pm
month/day/year

Exact Location _____

POLICE OFFICERS INVOLVED

	1	2	3
Officers' Names	_____	_____	_____
Badge #'s	_____	_____	_____
Police Departments	_____	_____	_____
Police Car License #'s	_____	_____	_____

VICTIM INFORMATION

Name _____ Phone _____

Address/Way to Contact _____

Victim: was arrested wants to file a complaint needs a lawyer

Suspected Charge _____ Injuries (describe) _____

WITNESSES

	1	2	3
Name	_____	_____	_____
Phone/Way to Contact	_____	_____	_____
Are there <input type="checkbox"/> photos or <input type="checkbox"/> tapes of the incident? Who has them? _____			

DESCRIPTION OF INCIDENT

(continue on back as needed)