

**OBSERVER****USE****ONLY****ABOVE****THIS****LINE****SWEEPS INCIDENT REPORT FORM**

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

**TIME AND PLACE**Date/Time of Incident \_\_\_\_\_ at \_\_\_\_\_  
month/day/year time am pm

Exact Location \_\_\_\_\_

**POLICE OFFICERS INVOLVED**

	1	2	3
Officer's 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
Names	_____	_____	_____
Phone/Way to Contact	_____	_____	_____

Are there  photos or  tapes of the incident? Who has them? \_\_\_\_\_**DESCRIPTION OF INCIDENT**


---



---



---



---



---



---



---



---



---



---

(continue on back as needed)

