

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 _____ am
month/day/year time 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)

Lined area for notes or drawing.