

Type of Incident: _____

Was a Weapon Involved:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were Restraints / Force Used:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was Property Damaged:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were Chemical Agents or OC Used:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were Arrests Made:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Appr. Unit and/or Law Enf. Agency Notified:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were there Media Inquiries:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Any Injuries / Hospitalizations:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I.D. #

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[illegible]

Reporting Employee (Print)	Reporting Employee Signature	Date / Time	Person Accepting Report	Date / Time
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Administrative Assessment:	
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Date / Time: _____