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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FOR BLOTTER ENCODER USE ONLY | | | | | Barangay Bangon  INCIDENT RECORD FORM | | | | | | | | | | | |
| BLOTTER ENTRY NUMBER | | | | |
| TYPE OF INCIDENT | | | | |
| INSTRUCTIONS: Refer to PNP SOP on ‘Recording of Incidents in the Police Blotter’ in filling up this form. This Incident Record Form (IRF) may be reproduced, photocopied, and/or downloaded from the DIDM website, www.didm.pnp.gov.ph. | | | | | | | | | | | | | | | | |
| DATE AND TIME REPORTED: | | | DATE AND TIME OF INCIDENT: | | | | | | ITEM “A” - REPORTING PERSON | | | | | | | |
| FAMILY NAME | | | | | FIRST NAME | | | | | | | | MIDDLE NAME | | QUALIFIER | NICKNAME |
| CITIZENSHIP | | SEX/GEN | DER | CIVIL STATUS | | DATE OF BIRTH (DD/MM/YY) | | | | AGE | | PLACE OF BIRTH | | | HOME PHONE | MOBILE PHONE |
| CURRENT ADDRESS (HOUSE NU | | | MBER/ | STREET) | | | | VILLAGE/SITIO | | | | | BARANGAY | | TOWN/CITY | PROVINCE |
| OTHER ADDRESS (HOUSE NUMB | | | ER/ST | REET) | | | | VILLAGE/SITIO | | | | | BARANGAY | | TOWN/CITY | PROVINCE |
| HIGHEST EDUCATIONAL ATTAIN | | | MENT |  | | | | OCCUPATION | | | | | ID CARD PRESENTED | | EMAIL ADDRESS (If Any) | |
|  | | |  | ITEM “B” - SUSPECT DATA | | | | | | | | | | | | |
|  CHECK HERE IF THERE IS NO SUSPECT INVOLVED AND THEREAFTER PROCEED TO ITEM “C”. | | | | | | | | | | | | | | | | |
|  CHECK HERE IF THERE ARE TWO OR MORE SUSPECTS. THEREAFTER, USE ADDITIONAL INCIDENT REPORT FORM SHEETS FOR EACH OF THE SUSPECTS. | | | | | | | | | | | | | | | | |
| FAMILY NAME | | |  |  | FIRST NAME | | | | | | | | MIDDLE NAME | | QUALIFIER | NICKNAME |
| CITIZENSHIP | | SEX/GENDER | | CIVIL STATUS | | DATE OF BIRTH (DD/MM/YY) | | | | AGE | | PLACE OF BIRTH | | | HOME PHONE | MOBILE PHONE |
| CURRENT ADDRESS (HOUSE NUMBER/STREET) | | | | | | | | VILLAGE/SITIO | | | | | BARANGAY | TOWN/CITY | | PROVINCE |
| OTHER ADDRESS (HOUSE NUMBER/STREET) | | | | | | | | VILLAGE/SITIO | | | | | BARANGAY | TOWN/CITY | | PROVINCE |
| HIGHEST EDUCATIONAL ATTAINMENT | | | | | OCCUPATION | | | | | | WORK ADDRESS | | | RELATION TO VICTIM | | EMAIL ADDRESS (If Any) |
| IF AFP/PNP PERSONNEL: RANK | | | UNIT ASSIGNMENT GROUP AFFILIATION | | | | | | | | WITH PREVIOUS CRIMINAL RECORD? [ ] Yes [ ] No STATUS OF PREVIOUS CASE  *(If Yes, Pls. Specify)* | | | | | |
| HEIGHT | WEIGHT | | COLOR OF EYES | | | | DESCRIPTION OF EYES | | | COLOR OF HAIR | | | DESCRIPTION OF HAIR | | UNDER THE INFLUENCE?   NO  DRUGS  LIQUOR   OTHERS | |
| FOR CHILDREN IN CONFLICT WITH THE LAW | | | | | | | | | | | | | | | | |
| NAME OF GUARDIAN | | | | | GUARDIAN ADDRESS | | | | | | | | HOME PHONE | | MOBILE PHONE | |
| DIVERSION MECHANISM | | | | | | | | | | | | | | | | |
| OTHER DISTINGUISHING FEATURES (DESCRIBE IN DETAIL CLOTHES, VEHICLE, SUNGLASSES, WEAPON/S, SCARS, AND OTHER DATA OR ACTIVITY OF THE SUSPECT/S WHICH WERE OBSERVED BY THE  REPORTING PERSON AND/OR WITNESS/ES TO IDENTIFY THE SUSPECT/S. THESE ARE IMPORTANT AND MAY BECOME EVIDENCE TO IDENTIFY, AND LINK TO THE CRIME, THE SUSPECT/S. USE ADDITIONAL SHEET/S IF NECESSARY) | | | | | | | | | | | | | | | | |

--------------------------------------CUT HERE. ISSUE THIS RECEIPT TO THE REPORTING PERSON-------------------------------------------

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BLOTTER ENTRY NUMBER | INCIDENT RECORD TRANSACTION RECEIPT | | | |
| THIS CERTIFIES THAT | NAME OF REPORTING PERSON: | | ADDRESS OF REPORTING PERSON: | |
| REPORTED AN INCIDENT TO BE  RECORDED IN THE BARANGAY BLOTTER  WHICH INVOLVES | TYPE OF INCIDENT: | | AND  RECORDED BY: | SIGNATURE OF DESK OFFICER |
| DATE/TIME OF REPORT: | DATE/TIME OF INCIDENT: | PLACE OF INCIDENT: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ITEM “C” – VICTIM DATA | | | | | | | | | | | | | | | | | |
|  CHECK HERE IF THE REPORTING PERSON (ITEM “A”) IS THE VICTIM. PROCEED TO ITEM “D”.   CHECK HERE IF THERE ARE TWO OR MORE VICTIMS. USE ADDITIONAL INCIDENT REPORT FORM SHEETS FOR THE DATA OF THE ADDITIONAL VICTIMS. | | | | | | | | | | | | | | | | | |
| FAMILY NAME | | | FIRST NAME | | | | | | MIDDLE NAME | | | | QUALIFIER | | NICKNAME | | |
| CITIZENSHIP | SEX/GENDER | CIVIL STATUS | | DATE OF BIRTH (DD/MM/YY) | | | AGE | PLACE OF BIRTH | | | | | HOME PHONE | | | | MOBILE PHONE |
| CURRENT ADDRESS (HOUSE NUMBER/STREET) | | | | | VILLAGE/SITIO | | | | BARANGAY | | TOWN/CITY | | | | | PROVINCE | |
| OTHER ADDRESS (HOUSE NUMBER/STREET) | | | | | VILLAGE/SITIO | | | | BARANGAY | | TOWN/CITY | | | | | PROVINCE | |
| HIGHEST EDUCATIONAL ATTAINMENT | | | OCCUPATION | | | | | | WORK ADDRESS | | | | | | EMAIL ADDRESS (If Any) | | |
| ITEM “D” - NARRATIVE OF INCIDENT | | | | | | | | | | | | | | | | | |
| BLOTTER ENTRY NUMBER | | | TYPE OF INCIDENT | | | | | | TIME | DATE | | | | PLACE OF INCIDENT | | | |
| ENTER IN DETAIL THE NARRATIVE OF THE INCIDENT OR EVENT, ANSWERING THE WHO, WHAT, WHEN, WHERE, WHY AND HOW OF REPORTING. (USE ADDITIONAL SHEET/S IF NECESSARY)                              (DETAILS OF THIS NARRATIVE SHALL BE THE BASIS IN THE ENTRY OF RECORD IN THE POLICE BLOTTER) | | | | | | | | | | | | | | | | | |
| AUTHENTICATION | | | | | | | | | | | | | | | | | |
| I HEREBY CERTIFY TO THE CORRECTNESS OF THE  FOREGOING TO THE BEST OF MY KNOWLEDGE AND  BELIEF. | | | | | | NAME/SIGNATURE OF REPORTING PERSON | | | | | | NAME/SIGNATURE OF DESK OFFICER | | | | | |
| CASE DISPOSITION (For Chief/Head of Office Use Only) | | | | | | | | | | | | | | | | | |
| CHIEF Of STATION/OFFICE INSTRUCTIONS | | | | | | NAME OF DESIGNATED INVESTIGATOR-ON-CASE | | | | | | NAME OF CHIEF OF STATION/OFFICE | | | | | |

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INSTRUCTIONS TO REPORTING PERSON

Keep this Incident Record Transaction Receipt (IRTR). An update of the progress of the investigation of the crime or incident that you reported will be given to you upon presentation of this IRTR. For your reference, the data below is the contact details of this police station.