



FOR POLICE BLOTTER ENCODER USE ONLY		<div></div> <div>Philippine National Police</div> <div>INCIDENT RECORD FORM</div> <div></div>									
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/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			ID CARD PRESENTED		EMAIL ADDRESS (If Any)		
ITEM “B” - SUSPECT DATA											
<div><input type="checkbox"/> CHECK HERE IF THERE IS NO SUSPECT INVOLVED AND THEREAFTER PROCEED TO ITEM “C”.</div> <div><input type="checkbox"/> CHECK HERE IF THERE ARE TWO OR MORE SUSPECTS. THEREAFTER, USE ADDITIONAL INCIDENT REPORT FORM SHEETS FOR EACH OF THE SUSPECTS.</div>											
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? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No <i>(If Yes, Pls. Specify)</i>				STATUS OF PREVIOUS CASE	
HEIGHT	WEIGHT	COLOR OF EYES	DESCRIPTION OF EYES		COLOR OF HAIR	DESCRIPTION OF HAIR		UNDER THE INFLUENCE? <input type="checkbox"/> NO <input type="checkbox"/> DRUGS <input type="checkbox"/> LIQUOR <input type="checkbox"/> 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 POLICE BLOTTER WHICH INVOLVES		TYPE OF INCIDENT:		<div>AND RECORDED BY:</div> <div>RANK/NAME/SIGNATURE OF DESK OFFICER</div>	
DATE/TIME OF REPORT:		DATE/TIME OF INCIDENT:	PLACE OF INCIDENT:		

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

<p>I HEREBY CERTIFY TO THE CORRECTNESS OF THE FOREGOING TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p>	<p>NAME/SIGNATURE OF REPORTING PERSON</p>	<p>NAME/SIGNATURE OF DESK OFFICER</p>
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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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-CUT HERE-

-CUT HERE

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.

Name of Police Station		Telephone	
Investigator-on-Case		Mobile Phone	
Name of Chief/Head of Office		Mobile Phone	

