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| **Data Collection Form for Police Incident Report Study**  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Task Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments made by participants:  Errors or problems encountered (including assistance offered):  Other relevant observations:  (Adapted from “Usability Engineering” by Mary Beth Rosson & John Carroll.) |