

PACH Incident Report Form (707) 542-7224

Wishes to keep compliant anonymous

Wishes to file complaint with department(s)

Time and Place of Incident
Date/Time of Incident
Exact Location of Incident

Personal Information
Name <input type="checkbox"/> Home <input type="checkbox"/> Cell
Address <input type="checkbox"/> Email
Age Gender Race/Ethnicity
Nature of interaction: <input type="checkbox"/> casual contact only <input type="checkbox"/> detained only <input type="checkbox"/> cited and released <input type="checkbox"/> arrested / jailed
Victim charged with: Court Date: / / Citation #:
Injuries Sustained:
Medical Attention Received:
<input type="checkbox"/> Copy of medical reports and <input type="checkbox"/> citation attached

Police Officers Involved
Officer's Name Badge No.
Department or Agency Car License Plate #
Notes
Officer's Name Badge No.
Department or Agency Car License Plate #
Notes
Officer's Name Badge No.
Department or Agency Car License Plate #
Notes: <input type="checkbox"/> Additional info Attached

Witnesses
Name Address
Phone Position / Relation <input type="checkbox"/> OK to Contact
Name Address
Phone Position / Relation <input type="checkbox"/> OK to Contact
Name Address
Phone Position / Relation <input type="checkbox"/> OK to Contact
The following people have <input type="checkbox"/> photos <input type="checkbox"/> tapes of the incident:
1.
2.
<input type="checkbox"/> Information about additional witnesses on reverse side.

Description of Incident
<input type="checkbox"/> Description of Incident Continued on reverse side

