

VICTIM OR WITNESS ACCOUNT

Date of Incident:

Time of Incident:

Names of Parties Involved:

Location of Incident:

Type of Incident:

- Verbal Abuse Physical Abuse Threats
 Carrying a Concealed Weapon Other (Explain):

Description of Incident: (Attach additional page if needed)

Describe known characteristics of person that may have been a factor in the above incident (Examples: known police record; attends mental health clinic; liquor on breath; previous incidents, etc.)

Signature of Victim

Date

Signature of Witness

Date

How Investigated, Outcome & Action Taken: (Use additional sheets if necessary)

Signature

Date