CITIZENS ON PATROL PROGRAM

Incident Report

C.O.P.S. NAME: _____ **POLICE FILE #** _____

OCCURRENCE DATE: _____ **STATEMENT DATE:** _____

OCCURRENCE TIME: _____ **STATEMENT TIME:** _____

☐ **Police Investigator**

☐ **C.O.P. Police Liaison Member**

DETAILS: _____

Signed: _____ **Witnessed:** _____