

Create a New Incident

Category :

Employees :

Occurred :

Subject A/R -
Report #*:

Subject A/R -
Time of Incident (Military Time)*:

Subject A/R -
Subject's Last Name*:

Subject A/R -
Subject's First Name:

Subject A/R -
Subject's Date of Birth (MM/DD/YYYY):

Subject A/R -
Sex*:

Subject A/R -
Race/Nationality*:

Subject A/R -
Source of Contact*:

Subject A/R -
Subject's Condition:

Hold [Ctrl] to select multiple

Subject A/R -
Subject's Resistance*:

Hold [Ctrl] to select multiple

Subject A/R -
Force Used by Employee*:

Hold [Ctrl] to select multiple

Subject A/R -
Subject Injury (from force used):

Subject A/R -
Injury Location

Back
Hold [Ctrl] to select multiple

Subject A/R - (select) v
Did the subject have any pre-existing injuries?*

Subject A/R -
Explain subject's pre-existing injury:

Subject A/R - Medical Treatment - Only Select 1:
No Treatment
Refused Treatment
Treat on Scene/First Aid
Treated & Released
Hold [Ctrl] to select multiple

Subject A/R - Additional Involved Individuals (list in body):

Subject A/R - Officer Injured (If yes, explain in the body)

Body :

Please note, not all items are required fields.