

NAJE Incident Report Form

Date of Incident _____ Time of Incident _____ Weather Conditions _____

Location of Incident _____ City _____ County _____

State _____ Number of Officers originally involved _____ Jurisdiction/Officers (check all that apply)

City police [] County Police [] Sherriff [] Judge [] Others _____

Was a Police Report written? _____ If so, did you get a copy? _____

What reasons were given by officers for stopping you? _____

Were additional officers called to the scene? _____ Total Number present _____ Were you arrested? _____

What were you charged with ? _____ Were others charged? _____

Were there other witnesses to this incident? _____ List Names/Addresses/Phone numbers on reverse side.

Describe in detail what happened (Please Print)
Use reverse side or other paper for additional space

Name _____ Contact Phone Number _____ (AM/PM)

Address _____ Apt _____

City _____ State _____ Zip _____

Fax report to 404-699-9807 or mail to: NAJE: P.O. Box 50443, Atlanta, GA 30302