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

_____

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_____

_____

_____

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