



**INCIDENT INFORMATION:**

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Incident Location: \_\_\_\_\_

**WITNESS INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**OMAHA POLICE OFFICER(S)/EMPLOYEE(S) INVOLVED:**

Name: \_\_\_\_\_ Badge/Serial #: \_\_\_\_\_

Name: \_\_\_\_\_ Badge/Serial #: \_\_\_\_\_

*Note: Guilt or innocence of any criminal charge you may be facing will not be determined by this investigation. You are still required to attend any scheduled court appearance related to any and all criminal charges.*

**SUMMARY OF INCIDENT: (continuation page 3 provided if needed)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**It is very important that truthful accounts are provided by all concerned. Your signature certifies the truthfulness of your statements. Please sign this form at the time of your interview as acknowledgement of your understanding.**

**SUMMARY OF INCIDENT (Continuation):**