REPORT OF INQUIRY

EWING POLICE DEPARTMENT INTERNAL AFFAIRS	Incident#					Internal Affairs Case No:						
PERSON MAKING REPORT												
Name							Alias					
Address												
City	State			Zip			Phone					
DOB	SSN			Age			Sex			Race		
Employer / School					l	Phone						
Address City			City				State			Zip		
INCIDENT												
Nature of Report												
Report Concerns (Name)								Emplo			yee ID #.	
Criminal Complaints W#	S#				Motor Vehicle Summons #				Court Date			
•	Time			Date / Time Reported				How Reported				
Incident Location												
Description of Incident												
WITNESSES												
(1) Name	Address					Hom	e #	Work#			Relationship	
(2) Name	Address			Н			e #	Work #			Relationship	
Description of any Injuries												
Place of Treatment Doc				ctor's Name				Date of Treatment				
Signature of Reporter								Date				
Report Received By				Badge #				Date Received				
Forward To:Internal Af	er)			(Other)							
Unfounded due to insufficient information												
Comments												
Signature Badge #								Date				

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