

FOR POLICE BLOTTER ENCODER USE ONLY		<h2 style="margin: 0;">Philippine National Police</h2> <h1 style="margin: 0;">INCIDENT RECORD FORM</h1>	
BLOTTER ENTRY NUMBER			
TYPE OF INCIDENT			

INSTRUCTIONS: Refer to PNP SOP on 'Recording of Incidents in the Police Blotter' in filling up this form. This Incident Record Form (IRF) may be reproduced, photocopied, and/or downloaded from the DIDM website, www.didm.pnp.gov.ph.

DATE AND TIME REPORTED:	DATE AND TIME OF INCIDENT:	ITEM "A" - REPORTING PERSON					
FAMILY NAME	FIRST NAME	MIDDLE NAME	QUALIFIER	NICKNAME			
CITIZENSHIP	SEX/GENDER	CIVIL STATUS	DATE OF BIRTH (DD/MM/YY)	AGE	PLACE OF BIRTH	HOME PHONE	MOBILE PHONE
CURRENT ADDRESS (HOUSE NUMBER/STREET)		VILLAGE/SITIO	BARANGAY	TOWN/CITY	PROVINCE		
OTHER ADDRESS (HOUSE NUMBER/STREET)		VILLAGE/SITIO	BARANGAY	TOWN/CITY	PROVINCE		
HIGHEST EDUCATIONAL ATTAINMENT		OCCUPATION	ID CARD PRESENTED	EMAIL ADDRESS (If Any)			

ITEM "B" - SUSPECT DATA

CHECK HERE IF THERE IS NO SUSPECT INVOLVED AND THEREAFTER PROCEED TO ITEM "C".
 CHECK HERE IF THERE ARE TWO OR MORE SUSPECTS. THEREAFTER, USE ADDITIONAL INCIDENT REPORT FORM SHEETS FOR EACH OF THE SUSPECTS.

FAMILY NAME	FIRST NAME	MIDDLE NAME	QUALIFIER	NICKNAME			
CITIZENSHIP	SEX/GENDER	CIVIL STATUS	DATE OF BIRTH (DD/MM/YY)	AGE	PLACE OF BIRTH	HOME PHONE	MOBILE PHONE
CURRENT ADDRESS (HOUSE NUMBER/STREET)		VILLAGE/SITIO	BARANGAY	TOWN/CITY	PROVINCE		
OTHER ADDRESS (HOUSE NUMBER/STREET)		VILLAGE/SITIO	BARANGAY	TOWN/CITY	PROVINCE		
HIGHEST EDUCATIONAL ATTAINMENT		OCCUPATION	WORK ADDRESS	RELATION TO VICTIM	EMAIL ADDRESS (If Any)		
IF AFP/PNP PERSONNEL: RANK	UNIT ASSIGNMENT	GROUP AFFILIATION	WITH PREVIOUS CRIMINAL RECORD? [] Yes [] No <i>(If Yes, Pls. Specify)</i>		STATUS OF PREVIOUS CASE		
HEIGHT	WEIGHT	COLOR OF EYES	DESCRIPTION OF EYES	COLOR OF HAIR	DESCRIPTION OF HAIR	UNDER THE INFLUENCE? NO DRUGS LIQUOR OTHERS _____	

FOR CHILDREN IN CONFLICT WITH THE LAW
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NAME OF GUARDIAN	GUARDIAN ADDRESS	HOME PHONE	MOBILE PHONE
DIVERSION MECHANISM			

OTHER DISTINGUISHING FEATURES (DESCRIBE IN DETAIL CLOTHES, VEHICLE, SUNGLASSES, WEAPON/S, SCARS, AND OTHER DATA OR ACTIVITY OF THE SUSPECT/S WHICH WERE OBSERVED BY THE REPORTING PERSON AND/OR WITNESS/ES TO IDENTIFY THE SUSPECT/S. THESE ARE IMPORTANT AND MAY BECOME EVIDENCE TO IDENTIFY, AND LINK TO THE CRIME, THE SUSPECT/S. USE ADDITIONAL SHEET/S IF NECESSARY)

-----CUT HERE. ISSUE THIS RECEIPT TO THE REPORTING PERSON-----

BLOTTER ENTRY NUMBER	INCIDENT RECORD TRANSACTION RECEIPT		
THIS CERTIFIES THAT	NAME OF REPORTING PERSON:	ADDRESS OF REPORTING PERSON:	
REPORTED AN INCIDENT TO BE RECORDED IN THE POLICE BLOTTER WHICH INVOLVES	TYPE OF INCIDENT:		AND RECORDED BY:
DATE/TIME OF REPORT:	DATE/TIME OF INCIDENT:	PLACE OF INCIDENT:	
			RANK/NAME/SIGNATURE OF DESK OFFICER

ITEM "C" - VICTIM DATA

CHECK HERE IF THE REPORTING PERSON (ITEM "A") IS THE VICTIM. PROCEED TO ITEM "D".
 CHECK HERE IF THERE ARE TWO OR MORE VICTIMS. USE ADDITIONAL INCIDENT REPORT FORM SHEETS FOR THE DATA OF THE ADDITIONAL VICTIMS.

FAMILY NAME			FIRST NAME			MIDDLE NAME			QUALIFIER	NICKNAME
CITIZENSHIP	SEX/GENDER	CIVIL STATUS	DATE OF BIRTH (DD/MM/YY)	AGE	PLACE OF BIRTH			HOME PHONE	MOBILE PHONE	
CURRENT ADDRESS (HOUSE NUMBER/STREET)			VILLAGE/SITIO		BARANGAY		TOWN/CITY	PROVINCE		
OTHER ADDRESS (HOUSE NUMBER/STREET)			VILLAGE/SITIO		BARANGAY		TOWN/CITY	PROVINCE		
HIGHEST EDUCATIONAL ATTAINMENT		OCCUPATION			WORK ADDRESS			EMAIL ADDRESS (If Any)		

ITEM "D" - NARRATIVE OF INCIDENT

BLOTTER ENTRY NUMBER	TYPE OF INCIDENT	TIME	DATE	PLACE OF INCIDENT
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ENTER IN DETAIL THE NARRATIVE OF THE INCIDENT OR EVENT, ANSWERING THE WHO, WHAT, WHEN, WHERE, WHY AND HOW OF REPORTING. (USE ADDITIONAL SHEET/S IF NECESSARY)

(DETAILS OF THIS NARRATIVE SHALL BE THE BASIS IN THE ENTRY OF RECORD IN THE POLICE BLOTTER)

AUTHENTICATION

I HEREBY CERTIFY TO THE CORRECTNESS OF THE FOREGOING TO THE BEST OF MY KNOWLEDGE AND BELIEF.	NAME/SIGNATURE OF REPORTING PERSON	NAME/SIGNATURE OF DESK OFFICER
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CASE DISPOSITION (For Chief/Head of Office Use Only)

CHIEF OF STATION/OFFICE INSTRUCTIONS	NAME OF DESIGNATED INVESTIGATOR-ON-CASE	NAME OF CHIEF OF STATION/OFFICE
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-----CUT HERE-----CUT HERE-----

INSTRUCTIONS TO REPORTING PERSON

Keep this Incident Record Transaction Receipt (IRTR). An update of the progress of the investigation of the crime or incident that you reported will be given to you upon presentation of this IRTR. For your reference, the data below is the contact details of this police station.

Name of Police Station	Telephone	
Investigator-on-Case	Mobile Phone	
Name of Chief/Head of Office	Mobile Phone	

