



# OPD PATROL – DAILY INFORMATION LOG

DATE: \_\_\_\_\_

Prepared By: \_\_\_\_\_  
(Serial #)

AREA/BEAT:	TIME OF INC:	NATURE OF INCIDENT (TITLE & CODE) (Clarify 245(a)(2)PC - Shooting or Pistol Whip):			
LOCATION OF INCIDENT (BLOCK OR AREA ONLY):				SGT/W. COMMANDER NOTIFIED:	
R/O (SERIAL/CALL SIGN):		INC#:	REPORT #:		CALLOUT/TYPE:
# OF VICTIMS / GENDERS:		# OF SUSPECTS:		# IN-CUSTODY:	
INJURIES/FATAL/CONDITION (GENERAL DESCRIPTION):				# OF PERSONS TRANSPORTED TO LOCAL HOSPITAL:	
WEAPONS USED (GENERAL DESCRIPTION):			LOSS (GENERAL DESCRIPTION):		

AREA/BEAT:	TIME OF INC:	NATURE OF INCIDENT (TITLE & CODE) (Clarify 245(a)(2)PC - Shooting or Pistol Whip):			
LOCATION OF INCIDENT (BLOCK OR AREA ONLY):				SGT/W. COMMANDER NOTIFIED:	
R/O (SERIAL/CALL SIGN):		INC#:	REPORT #:		CALLOUT/TYPE:
# OF VICTIMS / GENDERS:		# OF SUSPECTS:		# IN-CUSTODY:	
INJURIES/FATAL/CONDITION (GENERAL DESCRIPTION):				# OF PERSONS TRANSPORTED TO LOCAL HOSPITAL:	
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AREA/BEAT:	TIME OF INC:	NATURE OF INCIDENT (TITLE & CODE) (Clarify 245(a)(2)PC - Shooting or Pistol Whip):			
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R/O (SERIAL/CALL SIGN):		INC#:	REPORT #:		CALLOUT/TYPE:
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R/O (SERIAL/CALL SIGN):		INC#:	REPORT #:		CALLOUT/TYPE:
# OF VICTIMS / GENDERS:		# OF SUSPECTS:		# IN-CUSTODY:	
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INJURIES/FATAL/CONDITION (GENERAL DESCRIPTION):			# OF PERSONS TRANSPORTED TO LOCAL HOSPITAL:		
WEAPONS USED (GENERAL DESCRIPTION):			LOSS(GENERAL DESCRIPTION):		

AREA/BEAT:	TIME OF INC:	NATUREOFINCIDENT(TITLE&CODE) (Clarify 245(a)(2)PC - Shooting or Pistol Whip):			
LOCATION OF INCIDENT (BLOCK OR AREA ONLY):				SGT/W. COMMANDER NOTIFIED:	
R/O (SERIAL/CALL SIGN):		INC#:	REPORT #:	CALLOUT/TYPE:	
# OF VICTIMS / GENDERS:		# OF SUSPECTS:		# IN-CUSTODY:	
INJURIES/FATAL/CONDITION (GENERAL DESCRIPTION):			# OF PERSONS TRANSPORTED TO LOCAL HOSPITAL:		
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DATE: \_\_\_\_\_

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R/O (SERIAL/CALL SIGN):		INC#:	REPORT #:	CALLOUT/TYPE:	
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INJURIES/FATAL/CONDITION (GENERAL DESCRIPTION):			# OF PERSONS TRANSPORTED TO LOCAL HOSPITAL:		
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AREA/BEAT:	TIME OF INC:	NATUREOFINCIDENT(TITLE&CODE) (Clarify 245(a)(2)PC - Shooting or Pistol Whip):			
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R/O (SERIAL/CALL SIGN):		INC#:	REPORT #:	CALLOUT/TYPE:	
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