Texas Department of Public Safety

Incident Report Form

TEXAS DEPARTMENT OF PUBLIC SAFETY

Authorized By:

TXDPS Director
Authorizing Figure
Brody_1107
Callsign: 401

Filled out By:

Rest of page left blank on purpose. Please continue to the next page! \rightarrow

Instructions:

This form must be completed by the reporting officer following any major incident. Select the appropriate incident type(s) and provide as much detail as possible. Submit in the Incident Reports Channel for supervisor review.

General Information

- Date of Report:
- Time of Report:
- Reporting Officer (Name & Callsign):
- Division/Bureau:

Incident Type (Check all that apply)

- Investigation
- Officer-Involved Shooting
- Arrest
- Traffic Accident
- Pursuit / Vehicle Chase
- Use of Force Incident
- Disturbance / Public Disorder
- Other:

Incident Details	
• Date of Incident:	
• Time of Incident:	
• Location of Incident:	
Involved Parties	
Suspect(s):	
• Name/Username:	
• Charges (if applicable):	21
Victim(s):	
Name/Username:	
• Injuries (if any):	3

Trooper(s) Involved:

- Name/Username:
- Callsign:

Rest of page left blank on purpose.

Narrative Report

(Provide a detailed account of what occurred. Include sequence of events, actions taken by officers, and final outcome.)

Evidence Collected

- Screenshots
- Video Footage
- Witness Statements
- Other:

Outcome / Disposition

- Arrest Made
- Citation Issued
- Suspect Escaped
- Case Under Investigation
- Case Closed / Resolved
- Other:

Rest of page left blank on purpose.

Reporting Officer Signature

- Name/Username:
- Date:

This press release format was created by Trooper EMS101RRR, Callsign: 824.

Rest of page left blank on purpose.