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| **INCIDENT RECORD FORM** | | | | | | | | | | | | | | | | | |
| **IRF ENTRY NUMBER:** | | | | | | **TYPE OF INCIDENT:** | | | | | | **COPY FOR:** | | | | | |
| **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.](http://www.didm.pnp.gov.ph/) | | | | | | | | | | | | | | | | | |
| DATE AND TIME REPORTED: | | | | | | DATE AND TIME OF INCIDENT: | | | | | | **PLACE OF INCIDENT:** | | | | | |
| **ITEM “A” - REPORTING PERSON** | | | | | | | | | | | | | | | | | |
| FAMILY NAME | | | | | | FIRST NAME | | | | | MIDDLE NAME | | | QUALIFIER | | | NICKNAME |
| CITIZENSHIP | | SEX/GENDER | | CIVIL STATUS | | DATE OF BIRTH **(MM/DD/YY)** | | AGE | | PLACE OF BIRTH | | | | HOME PHONE | | | MOBILE PHONE |
| CURRENT ADDRESS (HOUSE NUMBER/STREET) | | | | | | | VILLAGE/SITIO | | | | BARANGAY | | | OWN/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’S DATA** | | | | | | | | | | | | | | | | | |
| FAMILY NAME | | | | | | FIRST NAME | | | | | MIDDLE NAME | | | QUALIFIER | | | NICKNAME |
| CITIZENSHIP | | SEX/GENDER | | CIVIL STATUS | | DATE OF BIRTH **(MM/DD/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  *(If Yes, Pls. Specify)* | | | | | STATUS OF PREVIOUS CASE | | |
| HEIGHT | WEIGHT | | **BUILT** | | 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** | | | | | | | | | | | | | | | | | |
| **NAME OF GUARDIAN** | | | | | | **GUARDIAN ADDRESS** | | | | | **HOME PHONE** | | | **MOBILE PHONE** | | | |
| **ITEM “C” – VICTIM’S DATA** | | | | | | | | | | | | | | | | | |
| FAMILY NAME | | | | | | FIRST NAME | | | | | MIDDLE NAME | | | QUALIFIER | | | NICKNAME |
| CITIZENSHIP | | SEX/GENDER | | CIVIL STATUS | | DATE OF BIRTH **(MM/DD/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) |



|  |  |  |  |  |  |
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| **ITEM “D” - NARRATIVE OF INCIDENT** | | | | | |
| **TYPE OF INCIDENT** | **DATE/TIME OF INCIDENT** | | **PLACE OF INCIDENT** | | |
| ENTER IN DETAIL THE NARRATIVE OF THE INCIDENT OR EVENT, ANSWERING THE WHO, WHAT, WHEN, WHERE, WHY AND HOW OF REPORTING.  (DETAILS OF THIS NARRATIVE SHALL BE THE BASIS IN THE ENTRY OF RECORD IN THE POLICE BLOTTER) | | | | | |
| **I HEREBY CERTIFY TO THE CORRECTNESS OF THE FOREGOING TO THE BEST OF MY**  **KNOWLEDGE AND BELIEF.** | | **NAME OF REPORTING PERSON** | | **SIGNATURE OF REPORTING PERSON** | |
| **SUBSCRIBED AND SWORN TO BEFORE ME** | | **NAME OF ADMINISTERING OFFICER (DUTY OFFICER)** | | **SIGNATURE OF ADMINISTERING OFFICER (DUTY OFFICER)** | |
| **RANK, NAME AND DESIGNATION OF POLICE OFFICER (WHETHER HE/SHE IS THE DUTY INVESTIGATOR, INVESTIGATOR ON CASE OR THE ASSISTING POLICE OFFICER)** | | | | **SIGNATURE OF DUTY INVESTIGATOR/INVESTIGATOR ON CASE/ASSISTING**  **POLICE OFFICER** | |
| **INCIDENT RECORDED IN THE BLOTTER BY:** | | **RANK/NAME OF DESK OFFICER:** | | **SIGNATURE OF DESK OFFICER:** | **BLOTTER ENTRY NR:** |

REMINDER TO REPORTING PERSON

Keep the copy of this Incident Record Form (IRF). 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 IRF. 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** |  |