

Village of Fishkill Police Department
4 Wood Place
Fishkill, New York 12524

GLENN R. SCOFIELD JR.
POLICE COMMISSIONER

FBINA - 214TH SESSION
MEMBER - IACP
MEMBER - NYSACOP

Description of Incident: _____

Were You Arrested: _____ Were You Injured: _____ Was Anyone Notified of Injury: _____

If So, Who Was notified: _____ Did You seek Medical Treatment: _____

Name of Hospital, Doctor (if known): _____

Complete if Applicable:

Describe Injury / Type of Force Used: _____

Describe Discourtesy: _____

Complainants Signature (optional) _____ Date _____

Supervisors Signature _____ Rank/Shield _____ Date _____

----- Official Use Only -----

Date: _____ Time: _____ Blotter/Case Number: _____

How Received: Referral _____ In Person _____ Us Mail _____ Telephone _____ Email _____

Forwarded To: _____
Name Rank Date