

## Profiling Report Form

Your Name		Your Phone #	
Incident Date		Incident Time	
*Incident Location	_____		
Officer(s) Involved			
Name		Badge #	
Name		Badge #	
+All Jurisdictions			
Other People Involved			
Name		Phone #	
Name		Phone #	
Witnesses			
Name		Phone #	
Name		Phone #	
**Details			
_____			
_____			
_____			
_____			

\* Address, place or cross streets of where the incident took place

\*\* Provide in detail, what happened, any citations or warnings that were written, actions of officers, etc.  
Use additional paper if necessary.

+ List all jurisdictions involved

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**Drop completed form off at Cruisin Biker Wear, or mail it to:**

ABATE of Idaho  
706 N. Main St.  
Meridian, Id. 83642