



Philippine National Police

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.					
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	TOWN/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 <i>(If Yes, Pls. Specify)</i>		STATUS OF PREVIOUS CASE		
HEIGHT	WEIGHT	BUILT	COLOR OF EYES	DESCRIPTION OF EYES	COLOR OF HAIR	DESCRIPTION OF HAIR	UNDER THE INFLUENCE? <input type="checkbox"/> NO <input type="checkbox"/> DRUGS <input type="checkbox"/> LIQUOR <input type="checkbox"/> OTHERS		

FOR CHILDREN IN CONFLICT WITH THE LAW

NAME OF GUARDIAN		GUARDIAN ADDRESS		HOME PHONE	MOBILE PHONE
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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)		

ITEM "D" - NARRATIVE OF INCIDENT

TYPE OF INCIDENT	DATE/TIME OF INCIDENT	PLACE OF INCIDENT
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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	