Town of Warwick Police DEPARTMENT Personnel Performance Report

DATE REPORTED:	TIME REPORTED:	OFFICER RECEIVING REI	[] In Person	[] Mail	EVENT NUMBER:	
			[]Telephone	e [] Other		
Name of Reporting Person: (Last) (First) (Middle)		ADDRESS:	ADDRESS:		TELEPHONE: Home:	
N				Bus	iness:	
NAME OF WITNESS: (Last) (First) (Middle)		ADDRESS:	Address:		EPHONE: ne:	
Relationship:				Bus	iness:	
	TATIVE/INTERPRETER: (First) (Middle)	ADDRESS:		TEL! Hon	EPHONE: ne:	
				Bus	iness:	
DATE OF OCCURREN	DATE OF OCCURRENCE: TIME:		LOCATION OF INCIDENT:			
NAME OF OFFICER, II	UNKNOWN - DESCR	IPTION:				
	-					
DETAILS: (In rep	orting person's h	andwriting, if possib	le.Reporting Perso	n should be v	ery specific	
stating details of	lacis as to what	the officer did or did	not do)			
	Minutes					
				*		
		***************************************	-			
UNDER THE LAWS	OF THE STATE OF	10.45) IT IS A CRIME F NEW YORK FOR A PE	RSON IN AND BY A W.	RITTEN INSTRI	IMENT TO	
NOT BELIEVE TO B	A FALSE WRITTEN	STATEMENT, OR TO	MAKE A STATEMENT	WHICH SUCH P	ERSON DOES	
AFFIRMED UNDER PE	ENALTY OF PERJURY	THIS	DAY OF	, 20)	
X	RE OF REPORTING PE	RSON	X			
THE ON THE ONTING PERSON			SIGNATURE OF WITNESS			

PERSONNEL PERFORMANCE REPORT

PAGE	OF	
EVENT NUMBER:		

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