



COMMUNITY MEETING / CITIZEN - BUSINESS CONTACTS & SCHOOL VISITATIONS			TIME	TIME
GROUP / SCHOOL NAME	LOCATION	CONTACT PERSON (if applicable)	STARTED	ENDED

DETAILS / SPECIAL ASSIGNMENTS				HOURS
LOCATION	IN	OUT OF	NATURE OF ASSIGNMENT	EXPENDED
	DISTRICT	DISTRICT		

UNRESOLVED CAPS SERVICE REQUESTS				SERVICE REQ.	DATE OF
SERVICE DESCRIPTION	LOCATION	BEAT	NO. (if known)	ORIGINAL REQUEST	

VACANT & OPEN BUILDING(S) LOCATION(S)	OPEN	VACANT	SECURE	SECURITY PERSONNEL ON PREMISE?	BEAT	WAS CHECK LIST COMPLETED?
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

X) If Problem / Mission Related		ARRESTS							
X	ARRESTEE'S NAME	ADDRESS OF ARREST / HOME ADDRESS	SEX	RACE	AGE	CHARGES	RD#	CB#	BEAT OF ARREST
		.....							
		.....							
		.....							
		.....							
		.....							
		.....							

ENFORCEMENT / CHARGES PLACED / OTHER POLICE SERVICE														ARRESTS			
	HOMI-CIDE	SEX OFF.	ROB-BERY	BAT-TERY	AS-SAULT	BURG-LARY	THEFT	AUTO THEFT	ARSON	VICE	U.U.W.	OTHER FELONIES	OTHER MISDE-MEANORS	D / C	A.N.O.V.'s	PART I PART II	
ADULTS																	
JUVENILES																	
TOTAL																	

	TRAFFIC CITATIONS	CITY VEH. STICKERS	BURGLAR ALARM CITATIONS	PARKERS	TOWS	C.T.A. CHECKS	SCHOOL ABSENTEES / CURFEWS	FIELD CONTACT CARDS	CAPS SERVICE REQUESTS	RECOVERED GUN / AUTOS
	HAZARD	NON HAZARD	ISSUED / CHECKS		SNOW / OTHER					
TOTAL										

REPORTING OFFICER'S NAME (PRINT)	STAR NO.	DATE	REPORTING OFFICER'S SIGNATURE		
REPORTING OFFICER'S NAME (PRINT)	STAR NO.	DATE	REPORTING OFFICER'S SIGNATURE		
* REPORTING OFFICER'S NAME (PRINT)	STAR NO.	DATE	REPORTING OFFICER'S SIGNATURE		
SUPERVISING SERGEANTS'S SIGNATURE	STAR NO.	DATE	AUTHORIZED APROVER'S SIGNATURE	STAR NO.	DATE

\* If applicable