



Christopher R. Catren, Chief of Police
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CITY OF REDLANDS POLICE DEPARTMENT

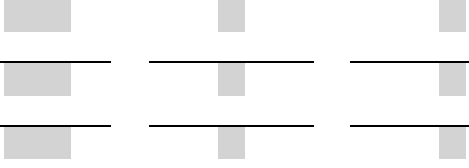
REPORT FORM CHECKLIST

The trainee shall become familiar with all of the following reports. The trainee is responsible for completing reports in an accurate, neat, concise, professional, and timely manner. The Report Checklist will be signed-off when the trainee has become familiar with and has completed the required written reports in a satisfactory manner.

	<u>Date</u>	<u>FTO</u>	<u>Trainee</u>
Animal Bite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Booking (RPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probable Cause Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jail Booking App	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHP 180	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store/Impound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misdemeanor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Persons Arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unattended Death Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglary, Auto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grand Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Homicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kidnap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Malicious Mischief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Petty Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Robbery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving Under the Influence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Admin per se	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Refusal Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Interview Cards		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraudulent Check		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing Persons/RAJ		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime				
	Time & One Half	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comp. Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payback Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Accident				
	Fatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Major Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Minor Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police Unit Damage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5150 W.I.C.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Reports/Forms		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Trainee Signature

FTO Signature