



| PAB Tracking #  | For Internal Use Only                        |
|---|--|
| <b>Complainant First Name:</b>  |  |
| <b>Complainant Last Name:</b>   |  |
| <b>Primary Number:</b>  |  |
| <b>Secondary Number:</b>  |  |
| <b>Email:</b>   |  |
| <b>Street Address:</b>  |  |
| <b>Street Address Line 2:</b>   |  |
| <b>City:</b>  |  |
| <b>State</b>  |  |
| <b>Zip:</b>   |  |
| <b>Date of Birth:</b>   | <b>Month:</b><br><b>Day:</b><br><b>Year:</b> |
| <b>Gender:</b> (Male, Female, Transgender, Other, Prefer Not To Say)  |  |
| <b>If other, please tell us how you identify your gender:</b>   |  |
| <b>Ethnicity:</b> (Hispanic or Latino, Not Hispanic or Not Latino, Prefer not to say)   |  |
| <b>Race:</b> (African American or Black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islanders, White, Multiracial, Other, Prefer not to say) |  |
| <b>Is the Incident Date and Time actual or approximate?</b> (Actual, Approximate)   |  |
| <b>Incident Date:</b>   | <b>Month:</b><br><b>Day:</b><br><b>Year:</b> |
| <b>Hour:</b>  |  |
| <b>Minutes:</b>   |  |
| <b>AM/PM:</b>   |  |
| <b>Incident Type:</b> (Damage to property, Destruction of property, Theft, Use of Force, Other Incident Type)   |  |
| <b>Incident Location Name:</b>  |  |
| <b>Incident Street Address:</b>   |  |
| <b>Incident Street Address Line 2:</b>  |  |
| <b>City:</b>  |  |
| <b>State:</b>   |  |
| <b>Zip:</b>   |  |
| <b>Incident # (if known):</b>   |  |
| <b>Incident Description:</b>  |  |

**Incident Description** (continued - If more space is needed, please continue at the bottom of the last page):

|  |  |
|--|--|
| <b>Law Enforcement Personnel 1 First Name:</b>   |  |
| <b>Law Enforcement Personnel 1 Last Name:</b>  |  |
| <b>Badge # (if known):</b>   |  |
| <b>Agency:</b> (Chevy Chase Village Police, Gaithersburg Police, Montgomery County Police, Montgomery County Sheriff, Rockville Police, Takoma Park Police, Unknown) |  |
| <b>Is there another Law Enforcement Personnel Involved?</b>  |  |
| <b>Law Enforcement Personnel 2 First Name:</b>   |  |
| <b>Law Enforcement Personnel 2 Last Name:</b>  |  |
| <b>Badge # (if known):</b>   |  |
| <b>Agency:</b> (Chevy Chase Village Police, Gaithersburg Police, Montgomery County Police, Montgomery County Sheriff, Rockville Police, Takoma Park Police, Unknown) |  |
| <b>Witness 1 First Name:</b>   |  |
| <b>Witness 1 Last Name:</b>  |  |
| <b>Witness 1 Phone Number:</b>   |  |
| <b>Witness 1 Street Address:</b>   |  |
| <b>Witness 1 Street Address Line 2:</b>  |  |
| <b>City:</b>   |  |
| <b>State</b>   |  |
| <b>Zip:</b>  |  |
| <b>Is there another witness?</b>   |  |
| <b>Witness 2 First Name:</b>   |  |
| <b>Witness 2 Last Name:</b>  |  |
| <b>Witness 2 Phone Number:</b>   |  |
| <b>Witness 2 Street Address:</b>   |  |
| <b>Witness 2 Street Address Line 2:</b>  |  |
| <b>City:</b>   |  |
| <b>State</b>   |  |
| <b>Zip:</b>  |  |
| <b>Additional Witness Information:</b>   |  |
| <b>Completing this on behalf of someone else?</b>  |  |
| <b>First Name:</b>   |  |
| <b>Last Name:</b>  |  |
| <b>Consent:</b> <input type="checkbox"/>   | Checking this box and submitting this form to the Police Accountability Board indicates that I have reviewed the information and certify it is true to the best of my knowledge. |

**Please verify you have entered all data as complete as possible**

Submit or mail this form to:  
101 Monroe Street, 2nd Floor  
Rockville, MD 20850  
C/O: Earl Stoddard & Lindsay Bolt

*If additional Incident Data space is needed, please provide below:*