

# PINE HILL POLICE DEPARTMENT

Christopher J. Winters  
Chief of Police



Police Administration Building  
48 West Sixth Avenue  
Pine Hill, NJ 08021

Emergency: 9-1-1  
Non-Emergency: 856-783-1549  
Main Fax: 856-784-4209  
www.pinehillpd.com

INTERNAL AFFAIRS CASE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## PINE HILL POLICE DEPARTMENT INTERNAL AFFAIRS REPORT

INCIDENT CASE NUMBER: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ TIME: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_  
PRINT RANK PRINT NAME BADGE #

### ALLEGED VICTIM INFORMATION

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DL#: \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE: \_\_\_\_\_

SEX: M / F RACE: \_\_\_\_\_ HISPANIC: YES / NO

TELEPHONE: (H) \_\_\_\_\_ (OTHER) \_\_\_\_\_

DESCRIPTION OF INJURIES: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF TREATMENT: \_\_\_\_\_ FACILITY: \_\_\_\_\_

POLICE PHOTOGRAPHS TAKEN: YES / NO

### PERSON REPORTING INFORMATION

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (OTHER) \_\_\_\_\_

HOW RECEIVED: WALK IN \_\_\_\_\_ TELEPHONE \_\_\_\_\_ MAIL \_\_\_\_\_ EMAIL \_\_\_\_\_ OTHER \_\_\_\_\_

### INCIDENT INFORMATION

LOCATION OF INCIDENT: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

OFFICER(S) INVOLVED: \_\_\_\_\_

INTERNAL AFFAIRS CASE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_  
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I understand that this statement of complaint will be reviewed by the Pine Hill Police Department Internal Affairs Unit and will be the basis for an investigation. I sincerely and truly declare and affirm, under penalties of false swearing, that the facts contained in this complaint are true and accurate to the best of my knowledge and belief.

SIGNATURE OF COMPLAINANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF MEMBER TAKING COMPLAINT: \_\_\_\_\_ BADGE: \_\_\_\_\_

**FORWARD DIRECTLY TO THE INTERNAL AFFAIRS**