



Sample Forms Book



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Town Watch Integrated Services

New Group Application



Police District #	_Division	Patrolling	Eye & Ears	
Group Name				
Base Station (If Any)	location			
Base Station Phone Num	ber			
President or group L	eader			
Mailing Address		Zip		
Home Phone_()		Work Phone	()	
E-Mail				
Area Of Patrol				_
				_
Please Include Membershi	p List Of All Men	bers. This List Is To B	e Updated Quarterly.	
For Office Use Only				

P.C.R.O. Signature

Police Captain Signature

Date Of Certification

	n Watch Integrated Services ew Member Application www.Townwatch.net
Date:	
Name:	
Address:	Zip:
Date Of Birth: _	/
Work Phone # () Phone # ()
Signature	
All Information Above	e <u>MUST</u> Be Filled In To Qualify For Town Watch
Fax #()	E-Mail:
Group Name: <u> </u>	
Police District —	—& Division —— Tee Shirt Size Circle One Lg XL XXL XXXL
Training Type Au	thorized Office Use
Eyes & Ears :	Training Date:
Patrolling:	Training Date:
ID Photo Was Taken:	Yes No Photo #

TOT THE REAL PROPERTY OF THE R			nhar Training Data							Please Print
Services ster Date:		dent	D O Rirth ID Number							Ple
ch Integrated Servi ership Roster		Vice President	 Treasurer Dhone # 							ase Print
Town Watch Integrated Services Membership Roster			Addrace							Please
Solution Town Watch Integrated Services	Crandinational Officers		a A Secretary Mame				S Forr	m: AP	-fb0	Please Print

APATION TOWN IN PICE	Patro	Natch Integrated Serv and Radio Sign Attendance Log		W
II III	Group:	Date:	/ /	I
ADELY	District: _	Division:		4/ED SEL
Name		Radio Assigned		Time In
			ļ	



ATION TOWN WATCH	Town Wa Eq	tch Integrated Servi uipment Roster	ces con ware
	Group:	Date: _/ ,	/ I. S.
ADERHIT	District:	uipment Roster Date: / , Division:	TEGRATED SERVER
Radio Typ (Monogram, NPC		Serial Number	Town Watch Groups Radio ID #



www.Townwatch.net

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Please Print

Town Watch Integrated Services Flash Incident Report Information
Group Name
Member Reporting Incident
Date Time of incident 911 Call
Location 911 Call Taker #
Type Of Incident Always ask the 911 call taker for there ID number
Assault 📃 Burglary 🔄 Robbery 📃 Graffiti 🔤 Vandalism 📃 Theft 💻
Auto Theft Bike Theft Purse Snatch Prostitution
Underage Drinking Fire By Arson Drug Use Drug Sales
Other 📃
Sex: Male Female Race: White Black Hispanic Asian Other
Height: Short Medium Tall Very Tall'Ft''IN
Weight: Thin Medium Muscular Heavy Pounds
Hair Color: Blond Brown Red Gray Black Other
Bald Facial Hair yes No Other
Auto Involved: Color
Make Model Year Tag # State
Sedan 2 Door 4 Door Van Convertible Station Wagon Truck
Weather Conditions: Clear Rain Snow Ice Windy
Light 🔜 Dark 🔜 Day 🦲 Night 🦲
Clothing, Shoes or Other Descriptive Features:

•



Town Watch Integrated Services

City & Police District Problem Reports Form



Hot Spots Location

Problem

Sanitation Complaints	Problem

Vacant Houses Location	Problem

Other Complaints



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Town Watch Int	This Form book Copyrighted By. egrated Services.





Date:		Base Operator:	Group:		
Time	Unit#	Location Of Incident	Type Of Activity	911	Oper. #
		Location of Units	(EX: radio check, Type of crime in Progress)		
Weathe	Weather Conditions	Clear 🔜 Rain 🔜	Snow 🗖 Ice 🗖 Windy 🛄 Fog 🛛	<u>а</u>	

RANION TOWNYA POP	Town Watch Integrated Services Monthly Reporting Form
Groups Name :	
Contacts Name:	Phone # :
For The Month Er	nding:// District Division
Totals for the p	previous month to Closing :
Number Of Active	Members:
Total Number Of N	1ember Hours The Group Patrolled This Month:
Number Of 911 Ca	lls Placed by Group:
Average Number C	of Member In Each Patrol:
2	oup Patrol (Circle All That Apply) ay Wednesday Thursday Friday Saturday Sunday
	Changes in Membership
Number of new I	members added this month
	ers that leave the group this month their name address and on for leaving the group. Address Phone# Reason
Signature Of Perso P.C.R.O. Please	ups Meeting Date Next Month: /// Date Report Filed Contact Me Trainer Please Contact Me Contact M
This Form book Copyrighte Town Watch Integrated Serv	By a Page F11 TWIS Form: AP-fb0011

Town Watch Integrated Services Abandoned Auto Report Form www.Townwatch.net
Date: Police District
Location: You must list the exact address where the car is located do not use intersections or block number.
Make Of Vehicle: Example: Ford, Toyota, Chevrolet & Honda Model Of Vehicle: Example Mustang, Corolla, Cavalier & Accord
Type Of Vehicle
Saden 2 Door Saden 4 Door Convertible Other Station Wagon Mini Van Van Truck
Color
Tag # If Any: State Issued:
VIN. #
17 Digits VIN Missing: VIN Unreadable:
Inspection Sticker: Yes No Expiration Date: ///
Windows Broken Or Missing ? All Windshield Rear Window
Driver Side: Vent Front Rear Other
Driver Side: Vent Front Rear Other Passenger Side: Vent Front Rear
Passenger Side: Vent Front Rear
Passenger Side: Vent Front Rear Tires: Ok Number Flat: Number Missing

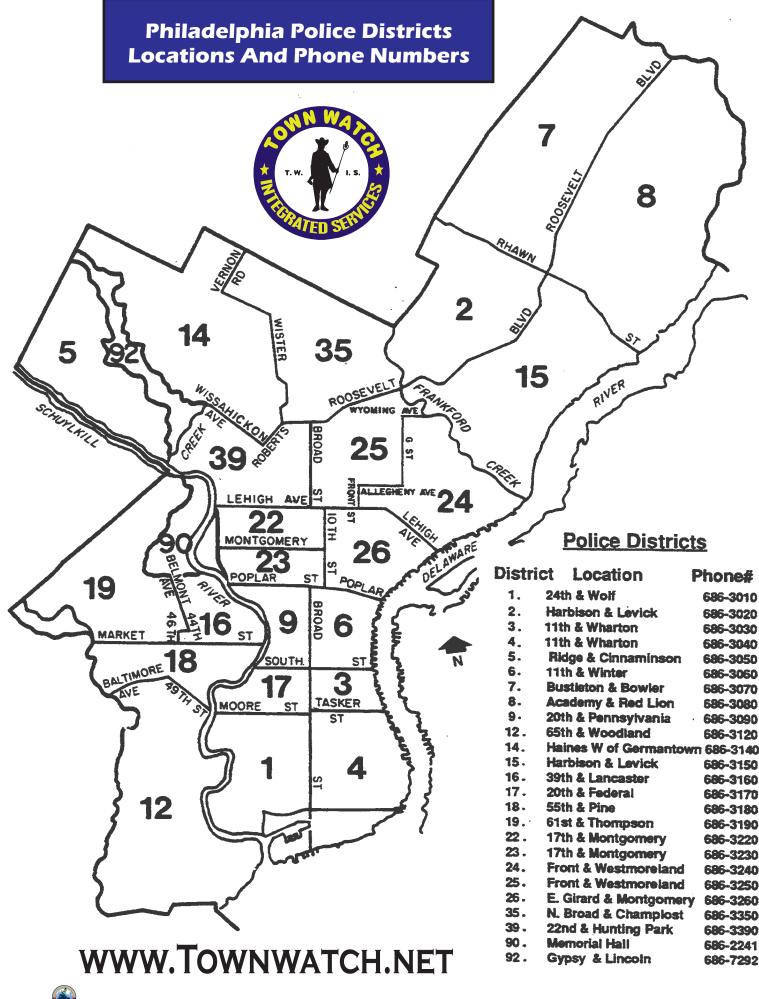
Philadelphia Police 911 Priority Codes List

	Philadelphi	a Pc	DICE	911	. Pric	ority Codes	s List	
NATURE	-			ANN AN	NATURE	-		
CODES	DESCRIPTION PR	IORITY	DC#		CODES	DESCRIPTION	PRIORITY	DC#
ASSIST	ASSIST OFFICER	0	Y		*BUS	SEPTA CHECK	5	N
A-POL	ASSIST OTHER POLICE	1	Y	TED SERVICE	*COURT	COURT	5	N
ABDUCT	ADBUCTION IN PROGRESS	1	Y		DC	DISORDERLY CROWD	5	Y
BIP	BURGLARY IN PROGRESS	1	Y		DELMES	DELIVER MESSAGE	5	Y
EXPLO	REPORT OF EXPLOSION	1	Y		DISAUT	DISABLE AUTO	5	N
JUVPRS	JUVENILE PRISONER	1	N		ESCT	MONEY ESCORT	5	N
P-GUN	PERSON WITH A GUN	1	Y		FIRE-H	OPEN FIREHOUSE	5	N
P-SCRM	PERSON SCREAMING	1	Y		FURTH	FURTH INVESTIGATION	-	
PS	PURSE SNATCH IN PROGRESS	1	Y		*G	(Remarks) GAS	5 5	N N
R-ALM	ROBBERY ALARM	1	Y		HCINFO	HOSPITAL CASE-INFORM	-	N
RIP. ROBP	RAPE IN PROGRESS	1	Y		*HO	HEADOUARTERS	5	N
SBI	ROBBERY IN PROGRESS	1	Y		INFO	INFORMATION/ADVANCE	5	1
TIP	SOMEONE BREAKING IN THEFT IN PROGRESS	1 1	Y Y			NO ACTION NEC	5	N
115	INEFI IN FROGRESS	T	T		*L	LUNCH	5	N
B-ALM	BURGLARY ALARM	2	Y		*M	VEHICLE DOWN MECHANI		N
C-POL	COMPLAINT AGAINST POLICE	2	Y		*PER	PERSONAL	5	N
*CP	CAR PURSUIT	2	Y		*PRIS	TRANSPORTING PRISONE	R (S) 5	N
D-HOSP	DISTURBANCE IN HOSPITAL	2	Y		*PW	PAPER WORK	5	N
D-SCH	DISTURBANCE SCHEOOL	2	Y		*R	REPORT	5	N
DSEPTA	DISTURBANCE ON/AT SEPTA	2	Y		*RADIO	RADIO REPAIRS	5	N
*FT	FOOT PURSUIT	2	Y		*RELO	RELOCATE AUTO	5	N
GUNSHT	REPORT OF GUNSHOTS	2	Y		REPO	REPOSSESSED AUTO		
HC	HOSPITAL CASE	2	Y			(Admin Lines)	5	Y
HLDPRS	HOLDING PRISONER (S)	2	Ŷ		*SC	SCHOOL CROSSING	5	N
M-ALM	MEDICAL ALARM	2	Y		SCOFF	SCOFFLAW	5	Y
MCHILD	MISSING CHILD TENDERAGE	2	Ŷ		SEC-CK	SECURITY CHECK	5	N
P-RIV	PERSON IN RIVER	2	Ŷ		SLIPS	PICK UP GUN OR		
P-WEAP	PERSON WITH A WEAPON	2	Ŷ			CROSSING GUARD SLIPS		N
PROWL	PROWLERS	2	Ŷ		*TFP	TRAFFIC POST (Dispate		N
RPTABD	REPORT OF ABDUCTION	2	Ŷ		TRAN	TRANSPORTATION ASSIG		N
RPTBUR	REPORT OF BURGLARY	2	Ŷ		*TRFCON	TRAFFIC CONGESTION	5	N
RPTROB	PRIOR ROBBERY	2	Ŷ		*WAR	SERVING WARRANT	5	N
RPTRPE	PRIOR RAPE	2	Y		*WASH	CAR WASH (Dispatcher)) 5	N
RTHEFT	REPORT OF THEFT	2	Y		(+)			
VIP	VANDALISM IN PROGRESS	2	Y		(*) OUT OF	F SERVICE COOES - USED	BY DISPATC	HER
						ADANDONED ALMO	C	
A-ACC	AUTO ACCIDENT	3	Y		A-AUTO A-INFO	ABANDONED AUTO	6 6	Y N
AIR-EM	AIRPORT EMERGENCY	3	Y		ANIMAL	ABANDONED AUTO INFO ANIMAL COMPLAINTS	6	Y
BOMB	BOMB THREATS	3	Y		B-DOG	BARKING DOG	6	Y Y
CWB	CHECK ON WELL BEING	3	Y		C-OTHR	OTHER COMPLAINTS/INF	-	-
D-BUSN	DISTURBANCE IN BUSINESS	3	Y		C OIM	QUESTIONS	6	Y
D-HSE	DISTURBANCE HOUSE	3	Y		GRFITI	GRAFFITI COMPLAINTS	6	Ŷ
D-HWYF	DISTURBANCE HIGHWAY FIGHT	3	Y		HARASS	REPORT OF HARASSMENT	-	Ŷ
DRUGS	DRUGS-OUTSIDE ONLY				HYD	OPEN FIRE HYDRANT	6	N
	(DEALING/SELLING)	3	Y		L-PROP	LOST PROPERTY	6	Y
F-ALM	FIRE ALARM	3	Y		L-TAGS	LOST TAGS	6	Y
FB	FIREBOX (PULLED ALARM)				LD-TNT	LANDLORD TENANT DISP	UTE 6	Y
	(Admin Lines)	3	Y		M-PROP	MISSING PROPERTY	6	ч
IV-PER	INVESTIGATE PERSON(S)	3	Y		N-DISP	NEIGHBOR DISPUTE	6	Y
IV-PRM	INVESTIGATE PREMISES	3	Y		RPTVAN	REPORT VANDALISM	6	Y
LOCAL	LOCAL FIRE	3	Y		S-DUMP	SHORT DUMPING -		
MS-PER	MISSING PERSON	3	Y			NOT IN PROGRESS	6	Y
S-DUMP	SHORT DUMPING (In Progress)		Y		THEFT	THEFT REPORTS	6	Y
SICK	SICK ASSISTANCE (Remarks)	3	N		VENDOR	VENDOR COMPLAINTS	6	Y
V-ALM	VEHICLE ALARM	3	Y		STLNCR	REPORT OF STOLEN CAR	6	Y
V-DOC	VICIOUS DOG	3	Y					
AUT-RK	AUTO OPERATING RECKLESSLY	4	Y					
•CS	CAR STOP	4	Y		No	ote: all Priority Six (6) Codes are I	Routed To TS	
DANHWY	DANGEROUS HIGHWAYCONDITION	4	Y					
DK	INTOXICATED PERSON	4	Y			OUT OF SERVICE CODES	5	
ILPKG IV-ANI	ILLEGAL PARKING	4	N		Bus Septa	Check PR	IS Transit Pris	onore
IV-ANI IV-AUT	INVESTIGATE INJURED ANIMAL INVESTIGATE AUTO	4 4	Y		Court Cour		V Paper Work	oners
IV-AUI IV-OBJ		4	Y		CP Car P	ursuit R	Report	
TA-OB2	INVESTIGATE OBJECT	4	v		CS Car S	top Ra	dio Radio Repai	r
LMUSIC	(Remarks Req) LOUD MUSIC	4	Y				LO Relocate	
M-OFF	MEET OFFICER	4	Y N		G Gas HQ Head	quarters SC		
MC MC	MEET COMPLAINANT (Remarks)	4	N Y		L Lunc		ans Transport	
STLNCR	REPORT OF STOLEN CAR	4	Y Y		M Vehicl	le Down Mechanical	Assignme	nt
		-	-		P Perso			arrant
						l Wa	ash Car Wash	

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TWIS Form: AP-fb0013





Town Watch Integrated Services & School District Safety Programs Equipment Requisition Form



Group Name:

Contact Person

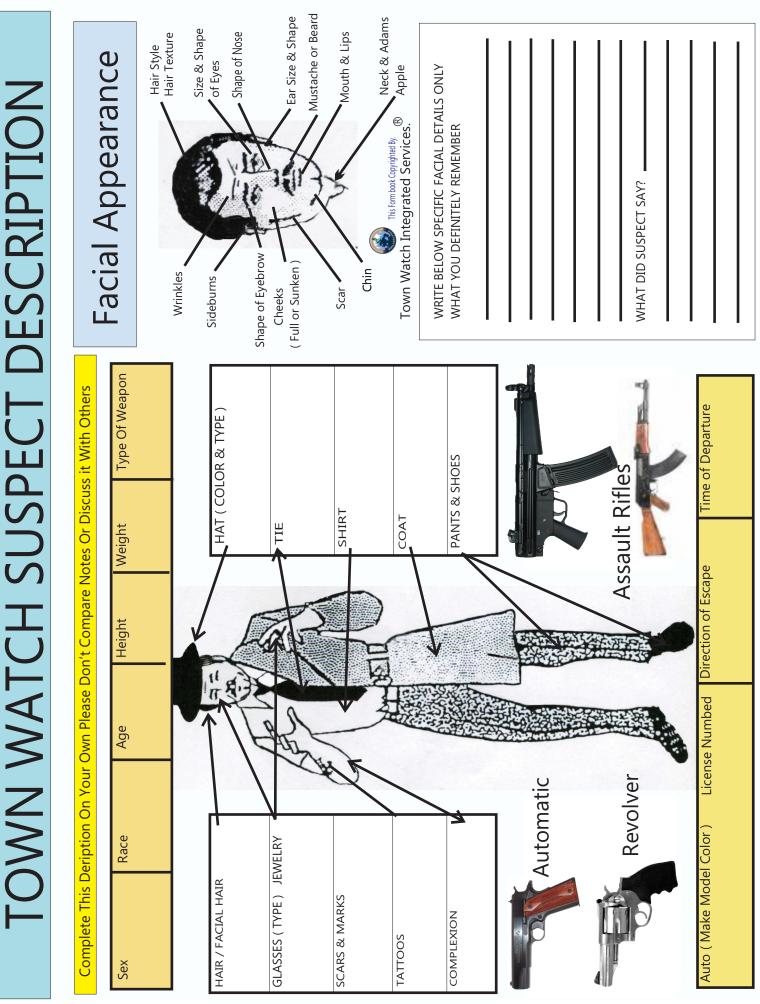
District

								District		
	Sm.	Med.	Lg.	Xlg.	2XLg.	3XLg .	4XLg.	Total Requested	Total Shipped	
T- Shirts										
Jackets or Vest										
Hats										
Whistles Lanyards										
Radios										
Flashlights										
Fanny Packs										
Batteries										
Other										
<i>"</i>										
Signs	letal		Winc	low	Ca	r				
Signs	ictui		vviiic	10 11		•				

My signature certifies that I have received the above listed items for Town Watch or School Patrol use only. I further agree to abide by all Applicable rules and regulations of the Federal Communication Commission; and the City of Philadelphia Town watch program. That the radios will be used only for Patrol purposes and that we will use and maintain the radios in a manner that is fitting, responsible, and consistent with the overall goals of the citywide town watch program. In the event that our group, physically abuses the equipment, procedural improprieties take place, disbands or becomes decertified. All items will remain the Property of the City of Philadelphia and must be returned to the Town Watch Integrated Services upon one weeks written request.

Trainer / Recruiter Name:	Date Requested	Type Of Group
		Eyes & Ears
Approved By:	Date Filed	Patrolling
		Start-up
Received By:	Date Received	Established
		Parent Patrol
		Safe Corridor

RATION TO	Fill o You Do No	Philadelphia Po Drug Informa out the following information of thave to give your name or ad		her. nformation				
Drug Dealers Nar	me & Information (If Knowr	Please	Print All Inf	ormation				
Name: First:	Midd			name: (Street Name)				
Address: H	ouse Number:	Street Na	ame:	Apartment #:				
Phone Numb	er (If Known):							
				Weight:				
	rs: Birthmarks: Facial Hair:							
Car(s) Used	By Dealer & Car	s Seen Comina & C	ioing To Drug Locati	ion [.]				
	-	-	License Plate:					
Make:	Model:	Color:	License Plate:	State:				
Make:		Color:	License Plate:	State:				
Manila E	invelopes:		tic Bags Of White	e Powder:				
Clear Pla	astic Vials O	f " Crack " Or R						
Clear Pla	astic Bag	Of Marijuana:	Tin Foil	Packets:				
Pills:			o	or Liquids:				
	You See Occurr	3						
			ommanding Officer Of					
	This Form book Convrighted By			TW/IS Form: AP fb0016				



TWIS Form: AP-fb0018

TWIS Form: AP-fb0018