



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 Number	
President or group Leader	
Mailing Address	Zip
Home Phone_()	Work Phone()
E-Mail	
Area Of Patrol	
Please Include Membership List Of All Mem	bers. This List Is To Be Updated Quarterly.
For Office Use Only	

P.C.R.O. Signature

Police Captain Signature

Date Of Certification

4	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 #

TCH * Store				ber Training Date							Please Print
Ces Date:				ID Number							Ple
Service ster			dent	D . O. Birth							
ch Integrated Services ership Roster Date			 Vice President 	 Treasurer Phone # 							se Print
Town Watch Int Membersh	r Contact Person			Address							Please
Group Name:	Location Of Base: Phone Number of Base or Contact Pe	Organizational Officers –	President	Secretary Name							Please Print
This Form book Copyrighted By. Town Watch Integrated Services.	_ L	0		e F 5			TWI	S Fori	m: AP	-fb0(05

Town Watch Integrated Services Patrol and Radio Sign Out Or Attendance Log							
IL IN	Group:	Date:	/ /	ATED SERVIS			
CADELPT	District: _	Division:		4/ED SET			
Name		Radio Assigned	Time Out	Time In			
			ļ				
	+						
	ļ						
	 						



RATION TOWN HATCH	Town Wa Eq	itch Integrated Serv uipment Roster	ices
	Group:	Date: /	/
ADELPHIL	District:	Division:	TED SERVICE
Radio Typ (Monogram, NPC)		Serial Number	Town Watch Groups Radio ID #

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TWIS Form: AP-fb007

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 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 Day
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



PERA			

	Same Prov	This Form book Copyrighted By.	
Town	Watch Inte	This Form book Copyrighted By. egrated Services.	

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Town Watch Integrated Services	Daily Patrol Log	WWW.TOWNWATCH.NET	Bace Onerator:

NITE INTERNET

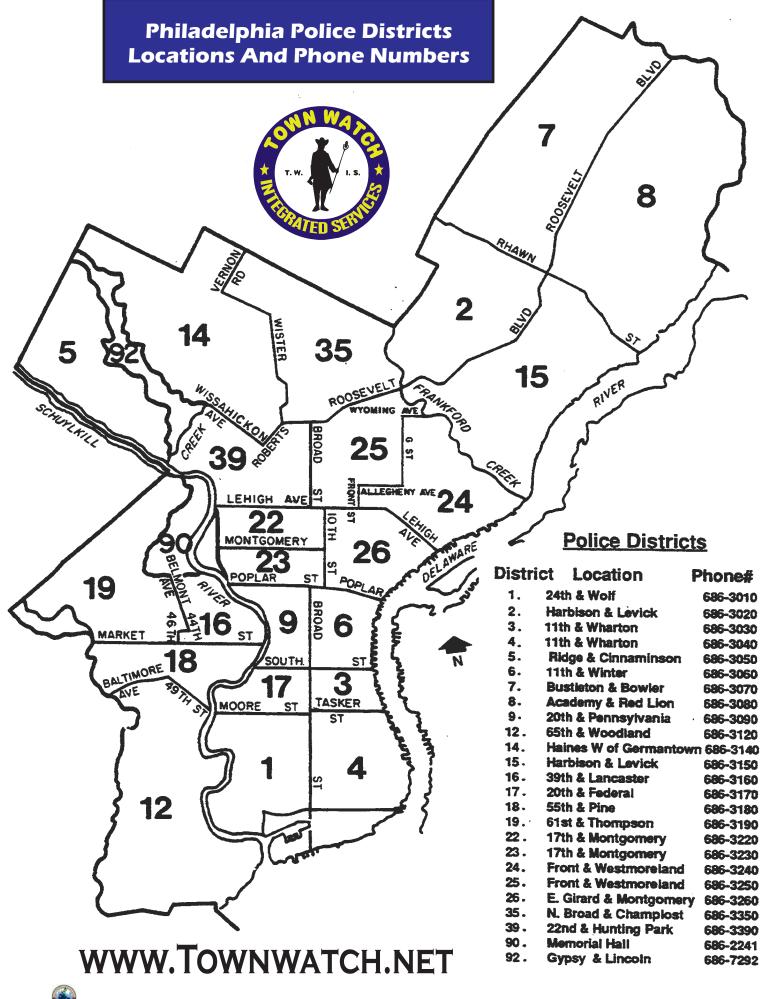
Date:		Base Operator:	Group:		
Time	Unit#	Location Of Incident	Type Of Activity	911	Oper. #
		Location of Units	(EX: radio check, Type of crime in Progress)		
Weathe	Weather Conditions	ns Clear 🛄 Rain 🛄 Snow 🛄	🔼 Ice 🛄 Windy 🛄 Fog 🕻		

ANION TOWNY POP	Town Watch Integrated Services Monthly Reporting Form
Groups Name :	
Contacts Name:	Phone # :
For The Month Er	ding: District Division
Totals for the p	previous month to Closing :
Number Of Active I	Vembers:
Total Number Of M	lember Hours The Group Patrolled This Month:
Number Of 911 Ca	Ils 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 r	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	
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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: 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
Passenger Side: Vent Front Rear
Passenger Side: Vent Front Rear Tires: Ok Number Flat: Number Missing
Tires: Ok Number Flat: Number Missing Other Pertinent Info About Vehicle:
Tires: Ok Number Flat: Number Missing

Philadelphia Police 911 Priority Codes List

NATURE				NWA	NATURE			
CODES	DESCRIPTION PR	IORITY	DC#	AS I FE	CODES	DESCRIPTION	PRIORITY	DC#
ASSIST	ASSIST OFFICER	0	Y	- 🛃 T.W. 🐺 L.S. 🌽	*BUS	SEPTA CHECK	5	N
A-POL	ASSIST OTHER POLICE	1	Y	IL STATE	*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 P-SCRM	PERSON WITH A GUN	1	Y		FIRE-H FURTH	OPEN FIREHOUSE FURTH INVESTIGATION	5	N
P-SCRM PS	PERSON SCREAMING PURSE SNATCH IN PROGRESS	1 1	Y Y		FORIN	(Remarks)	5	N
R-ALM	ROBBERY ALARM	1	Y		*G	GAS	5	N
RIP.	RAPE IN PROGRESS	1	Y		HCINFO	HOSPITAL CASE-INFORM	ATION 5	N
ROBP	ROBBERY IN PROGRESS	1	Ŷ		*HQ	HEADQUARTERS	5	N
SBI	SOMEONE BREAKING IN	1	Ŷ		INFO	INFORMATION/ADVANCE		
TIP	THEFT IN PROGRESS	1	Y			NO ACTION NEC	5	N
					*L	LUNCH	5	N
B-ALM	BURGLARY ALARM	2	Y		*M	VEHICLE DOWN MECHANI		N
C-POL	COMPLAINT AGAINST POLICE	2	Y		*PER *PRIS	PERSONAL	5 (R(S) 5	N N
*CP	CAR PURSUIT	2	Y		*PW	TRANSPORTING PRISONE PAPER WORK	5	N N
D-HOSP	DISTURBANCE IN HOSPITAL	2	Y		*R	REPORT	5	N
D-SCH DSEPTA	DISTURBANCE SCHEOOL DISTURBANCE ON/AT SEPTA	2 2	Y Y		*RADIO	RADIO REPAIRS	5	N
*FT	FOOT PURSUIT	2	Y Y		*RELO	RELOCATE AUTO	5	N
GUNSHT	REPORT OF GUNSHOTS	2	Ŷ		REPO	REPOSSESSED AUTO		
HC	HOSPITAL CASE	2	Ŷ			(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	Y		SEC-CK	SECURITY CHECK	5	N
P-RIV	PERSON IN RIVER	2	Y		SLIPS	PICK UP GUN OR CROSSING GUARD SLIPS	5	N
P-WEAP	PERSON WITH A WEAPON	2	Y		*TFP	TRAFFIC POST (Dispat	-	N
PROWL	PROWLERS	2	Y		TRAN	TRANSPORTATION ASSIG		N
RPTABD	REPORT OF ABDUCTION	2	Y		*TRFCON	TRAFFIC CONGESTION	5	N
RPTBUR	REPORT OF BURGLARY	2	Y		*WAR	SERVING WARRANT	5	N
RPTROB RPTRPE	PRIOR ROBBERY PRIOR RAPE	2 2	Y Y		*WASH	CAR WASH (Dispatcher	:) 5	N
RTHEFT	REPORT OF THEFT	2	Y					
VIP	VANDALISM IN PROGRESS	2	Ŷ		(*) OUT OF	SERVICE COOES - USED	BY DISPATCH	ER
		-	-				<i>.</i>	
A-ACC	AUTO ACCIDENT	3	Y		A-AUTO A-INFO	ABANDONED AUTO ABANDONED AUTO INFO	6 6	Y N
AIR-EM	AIRPORT EMERGENCY	3	Y		ANIMAL	ANIMAL COMPLAINTS	6	Y
BOMB	BOMB THREATS	3	Y		B-DOG	BARKING DOG	6	Ŷ
CWB	CHECK ON WELL BEING	3	Y		C-OTHR	OTHER COMPLAINTS/INF	'o/	
D-BUSN	DISTURBANCE IN BUSINESS	3	Y			QUESTIONS	6	Y
D-HSE	DISTURBANCE HOUSE	3	Y		GRFITI	GRAFFITI COMPLAINTS	6	Y
D-HWYF DRUGS	DISTURBANCE HIGHWAY FIGHT DRUGS-OUTSIDE ONLY	3	Y		HARASS	REPORT OF HARASSMENT	-	Y
DRUGS	(DEALING/SELLING)	3	Y		HYD	OPEN FIRE HYDRANT	6	N
F-ALM	FIRE ALARM	3	Ŷ		L-PROP	LOST PROPERTY	6	Y
FB	FIREBOX (PULLED ALARM)	5	-		L-TAGS LD-TNT	LOST TAGS LANDLORD TENANT DISF	0 VITE 6	Y
	(Admin Lines)	3	Y		M-PROP	MISSING PROPERTY	6	Y Y
IV-PER	INVESTIGATE PERSON(S)	3	Y		N-DISP	NEIGHBOR DISPUTE	6	Y
IV-PRM	INVESTIGATE PREMISES	3	Y		RPTVAN	REPORT VANDALISM	6	Ŷ
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 V-DOC	VEHICLE ALARM VICIOUS DOG	3 3	Y		STLNCR	REPORT OF STOLEN CAP	6	Y
v-DOC	VICIOUS DOG	3	Y					
AUT-RK	AUTO OPERATING RECKLESSLY	4	Y					
•CS	CAR STOP	4	Ŷ					
DANHWY	DANGEROUS HIGHWAYCONDITION	4	Ŷ		No	ote: all Priority Six (6) Codes are	Routed To <u>TS</u>	
DK	INTOXICATED PERSON	4	Y			OUT OF SERVICE CODE	S	
ILPKG	ILLEGAL PARKING	4	N				0	
IV-ANI	INVESTIGATE INJURED ANIMAL	4	Y				RIS Transit Prisor	iers
IV-AUT	INVESTIGATE AUTO	4	Y		Court Cour CP Car P	t P' ursuit R		
IV-OBJ	INVESTIGATE OBJECT				CS Car S		Report adio Radio Repair	
	(Remarks Req)	4	Y		FP Foot I	Pursuit R	ELO Relocate	
LMUSIC	LOUD MUSIC	4	Y		G Gas	S	C School Cross	
M-OFF MC	MEET OFFICER	4	N		HQ Head L Lunc		FP Traffic Post rans Transporta	
MC	MEET COMPLAINANT (Remarks) REPORT OF STOLEN CAR	4 4	Y Y		M Vehic	e Down Mechanical	Assignment	t
DIMOR	CELORI OF STOLEN CAR	-2	T		P Perso		ar Serving War	
						W	ash Car Wash	
- ···	This Form book Copyrighted By.		Pa	ge F	13			
Town W	atch Integrated Services.			3~ '	T C	Т	WIS Form: AP	-tb0013





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



Group Name:

Contact Person

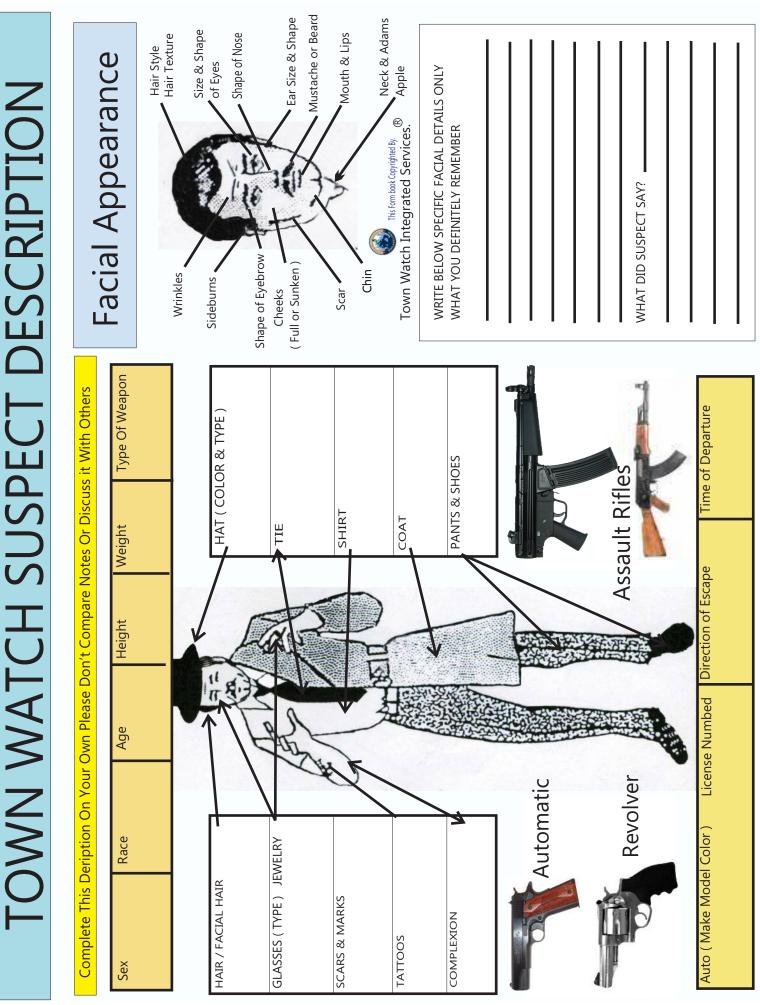
District

	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									
"									
Signs N	letal		Winc	wol	Ca	r			

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	

First: Middle: Last: Nickname: (Street Name)	Reption To	Fill out You Do Not ha	Philadelphia Pol Drug Informati the following information on we to give your name or addre		ormation
Name: First: Middle: Last: Nickname: (Street Name) Address: House Number: Street Name: Apartment #: Phone Number (If Known):	Drug Dealers Nam				
House Number: Street Name: Apartment #: Phone Number (If Known):	Name:				
Age: Race: Sex: Height: Weight: Any Scars: Birthmarks: Tattoos: Facial Hair: Car(s) Used By Dealer & Cars Seen Coming & Going To Drug Location: Make: Model: Color: License Plate: State: Make: Model: Color: License Plate: State: Make: Model: Color: License Plate: State: What Have You Seen Him Or Her Selling ? Manila Envelopes: Clear Plastic Bags Of White Powder: Clear Plastic Bags Of White Powder: Clear Plastic Bags Of White Powder: Clear Plastic Bag Of Marijuana: Tin Foil Packets: Clear Plastic Bags Of White Powder: Clear Plastic Bags Of White Powder: What Do You See Occurring & When?: Day(s) Of Week That Sales Occur ? Or Liquids: Clear Play(s) Are The Busiest ? Time That Sales Occur ? What location Do Sales Occur ? Where Do Sales Occur ? Where Are Drugs Hidden ? Where Are Drugs Hidden ? How Do The Sales Take Place ? Clear Place ?	Address: Ho	ouse Number:	Street Nan	ne:	Apartment #:
Age: Race: Sex: Height: Weight: Any Scars: Birthmarks: Tattoos: Facial Hair: Car(s) Used By Dealer & Cars Seen Coming & Going To Drug Location: Make: Model: Color: License Plate: State: Make: Model: Color: License Plate: State: Make: Model: Color: License Plate: State: What Have You Seen Him Or Her Selling ? Manila Envelopes: Clear Plastic Bags Of White Powder: Clear Plastic Bags Of White Powder: Clear Plastic Bags Of White Powder: Clear Plastic Bag Of Marijuana: Tin Foil Packets: Clear Plastic Bags Of White Powder: Clear Plastic Bags Of White Powder: What Do You See Occurring & When?: Day(s) Of Week That Sales Occur ? Or Liquids: Clear Play(s) Are The Busiest ? Time That Sales Occur ? What location Do Sales Occur ? Where Do Sales Occur ? Where Are Drugs Hidden ? Where Are Drugs Hidden ? How Do The Sales Take Place ? Clear Place ?	Phone Numbe	er (If Known):			
Any Scars: Birthmarks: Tattoos: Facial Hair: Car(s) Used By Dealer & Cars Seen Coming & Going To Drug Location: Make: Model: Color: License Plate: State: What Have You Seen Him Or Her Selling ? Manila Envelopes: Clear Plastic Bags Of White Powder:					Weight:
Facial Hair: Car(s) Used By Dealer & Cars Seen Coming & Going To Drug Location: Make: Model: Color: License Plate: State: What Have You Seen Him Or Her Selling ? Manila Envelopes: Clear Plastic Bags Of White Powder:					
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Make: Model: Color: License Plate: State: Make: Model: Color: License Plate: State: What Have You Seen Him Or Her Selling ? Manila Envelopes: Clear Plastic Bags Of White Powder:		-	•		
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Pills:	Clear Pla	stic Vials Of	" Crack " Or Ro	ck Cocaine:	[]
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What Day(s) Are The Busiest ? Time That Sales Occur ? Time That Sales Are The Busiest ? At What location Do Sales Occur ? Where Do Sales Occur ? Where Are Drugs Hidden ? How Do The Sales Take Place ?			5		
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How Do The Sales Take Place ?					
	How Do Th	ne Sales Take Plac	e?		



TWIS Form: AP-fb0018

TWIS Form: AP-fb0018