



Case Number: \_\_\_\_\_

## Rhome Police Department

261 School Rd  
Rhome, TX 76078  
Tel: 817-636-2400

### INCIDENT INFORMATION FORM

The attached information is needed to proceed with the investigation and prosecution of your case.

This packet must be completed to the best of your ability and returned to the police department before your case can be prosecuted or investigated. We understand you may not be able to completely fill out all of the information on this form, we ask that you complete it to the best of your ability.

Texas law states that PROOF BEYOND A REASONABLE DOUBT is required to convict an individual for committing a criminal offense. The information you provide in this packet helps prosecutors meet this burden of proof.

IF THIS PACKET IS NOT COMPLETED AND RETURNED TO THE POLICE DEPARTMENT, THE CASE CAN NOT BE FORWARDED FOR PROSECUTION.

Your cooperation is greatly appreciated.

This packet must be turned in within 10 business days to the Rhome Police Department, in person, mail, or by email to:

Rhome Police Department  
Attn: CID  
[Austin@cityofrhome.com](mailto:Austin@cityofrhome.com)  
261 School Rd  
Rhome, TX 76078  
817-636-2400

Received by: \_\_\_\_\_



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Case Number: \_\_\_\_\_

RHOME POLICE DEPARTMENT  
INCIDENT INFORMATION FORM

In order to prosecute offenders, the below information must be completed and submitted to the Rhome Police Department. This information is necessary to proceed with the investigative and judicial processes.

Rhome Police Department Case # \_\_\_\_\_ Date reported: \_\_\_\_\_

Crime reported: \_\_\_\_\_ Date occurred: \_\_\_\_\_

Location where crime occurred: \_\_\_\_\_

Type of location where crime occurred: \_\_\_\_\_

Time crime occurred: \_\_\_\_\_ or between \_\_\_\_\_ .m. and \_\_\_\_\_ .m.

Complainant's name: \_\_\_\_\_

Complainant's address: \_\_\_\_\_

Complainant's date of birth: \_\_\_\_\_ Complainant's email: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Cellular phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_

\*\*\*\*\*

Suspect information (If more than one, attach additional sheets with the following information)

Relationship to suspect: Spouse Relative Stranger Friend Acquaintance

Why is this person suspected of committing this act: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Sex: Male Female Approximate Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_

Scars/Marks/Tattoos: \_\_\_\_\_

Names of associates: \_\_\_\_\_

\*\*\*\*\*

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Case Number: \_\_\_\_\_

RHOME POLICE DEPARTMENT  
INCIDENT INFORMATION FORM

Witnesses (if there are more than three witnesses please attach additional pages):

\*\*\*\*\*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_

What facts can this person testify to that would prove the suspect committed the crime:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_

What facts can this person testify to that would prove the suspect committed the crime:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_

What facts can this person testify to that would prove the suspect committed the crime:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

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Case Number: \_\_\_\_\_

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INCIDENT INFORMATION FORM

Answer all of the questions below:

Did you in any way give consent for the suspect to commit this offense? \_\_\_\_\_

Were you physically injured? \_\_\_\_\_ If yes, are there photographs of injuries? \_\_\_\_\_

Did you suffer monetary loss for theft, or damages to property? \_\_\_\_\_ If yes, are there

photographs? \_\_\_\_\_ Amount of monetary loss or damage \$ \_\_\_\_\_ Do

you have a receipt/damage estimate for repairs or replacement? \_\_\_\_\_

\*\*If YES to any of the questions above, attach medical records, photographs and/or receipts for repair and/or replacement to this form.

\*You must initial the below statements where indicated, acknowledging you have read and understand the following statements:

\* Notice about FILING A FALSE REPORT\*

UNDER THE TEXAS PENAL CODE – SEC. 37.08 FALSE REPORT TO A PEACE OFFICER  
A PERSON COMMITS AN OFFENSE IF, WITH INTENT TO DECEIVE, HE KNOWINGLY MAKES A FALSE STATEMENT THAT IS MATERIAL TO A CRIMINAL INVESTIGATION AND MAKES THE STATEMENT TO: (1) A PEACE OFFICER CONDUCTING THE INVESTIGATION; OR (2) ANY EMPLOYEE OF A LAW ENFORCEMENT AGENCY THAT IS AUTHORIZED BY THE AGENCY TO CONDUCT THE INVESTIGATION AND THAT THE ACTOR KNOWS IS CONDUCTING THE INVESTIGATION. AN OFFENSE UNDER THIS SECTION IS A CLASS B MISDEMEANOR.

\_\_\_\_\_ (Initials)

\*Participation in prosecution\*

I understand that in filing this report, I am expressing my desire to prosecute the suspected offender(s). I understand that prosecution will include testifying in court and all hearings associated with this case. \_\_\_\_\_ (Initials)

The following two pages is a Statement - Affidavit of Fact forms. The statement should be a DETAILED account of the incident and information you have regarding this incident.

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