



KHVS CALL FOR SERVICE FORM

DATE: _____ TIME CALL CAME IN: _____

POLICE SERVICE: _____ POLICE OFFICER NAME AND BADGE #: _____

TYPE OF ASSISTANCE REQUESTED:

- Sexual assault Domestic Assault Break &Enter Motor Vehicle accident
- Robbery Tragic Circumstance Vandalism Other _____

IS THE SCENE SAFE: yes no

VICTIMS NAME: _____ M F

VICTIMS ADDRESS: _____

VICTIMS AGE: _____ VICTIMS PHONE #: _____

CHILDREN PRESENT: YES AGE? _____ NO

OTHERS PRESENT AT SCENE: _____

PERTINENT HISTORY: _____

OFFICER AT SCENE: YES NO

TIME CALL COMPLETED: _____ TEAM LEADER: _____

NOTES (ie.DIRECTIONS) _____

TEAM SENT: NO YES VOLUNTEER(S) NAME(S): _____

TIME ON SCENE: _____

TIME HOME: Volunteer 1 _____

Volunteer 2 _____

FOLLOW UP REQUIRED? NO YES