## **Federation**

Form 560-302

560-302, Rev. February 14, 2021



# **Criminal Incident Report**

Part I	Name				
1. Full nam	е	2. Address		3. City	4. State
Part II	Subject				
	of the incident				
Part III	Date, Time and Location	on of Incident			
6. Date	7. Time (HH/M)	1) 1810	cation, i.e. City, State	etc	
o. Date	7. Time (Fit 1/1/1/11)	AM/PM 0. Lot	cation, i.e. city, state,	, etc.	
Part IV	Persons Involved				
9. List the r	names of all agents involved	n the incident		10. Agency this r	eport submitted to
	B ( ) ( ) ( ) ( )				
Part V	<b>Details of the incident</b> to the fullest in your own wo				
See "Addendu	ım A" for additional information if a	ttached	By		Soul
See "Addendum A" for additional information if attached  Optional submission of this information to the State Recording Secretary for recording on the public "Land Recording System" is certification of my testimony herein.		By American State Na	tional	Seal	
		Recording Number:			
Part VI	State Recorder Ve	rification	-		
	All information below		only by the autho	rized State Rec	ording Secretary
12. State recorders credential number   13. State recorder's contact number				Seal of Recording Secretary	
14. State re	corder's contact Email				
hold that status	ne above named American State Na s and this document has been record ng System" by me, the State Record	led on the public			

se this addendum page to provide addition information as a continuation of Part V of the first page (1) of this form.						
	B <sub>V</sub>					
	By American State National	———— Seal				

## **Processing and Instructions for Form 560-302**

The information entered on this form is used to provide the agency who's actors were involved with the details of the incident(s) and encounter(s) that may have impacted your life in an illegal way.

It is important that this form be filled out in full with all details as complete as you can remember them. Do not falsify any information in this report and make sure it is accurate in every detail to the best of your knowledge.

### Part I Name

Enter your full name, address, city, and state.

## Part II Subject

Give a short description here. A further detailed description of the incident will be given in **Part V**.

### Part III Date and Location of Incident

Be as specific as you possible can. Fill in the exact Date and Time of the incident. Make certain to add whether the time is AM or PM or underline it.

Enter the City and State and nearest land mark, address, or cross street intersections. Full details can be given in **Part V** of this document.

#### Part IV Persons Involved

List the names of every agent/actor you had an encounter with. If you can get badge numbers that can be helpful. In #10, fill in the name of the agency that the officers involved work for, i.e. FBI, ATF, Law Enforcement Officers, Sheriffs, etc.

## Part V Details of the incident

Fill in this section with as much detail as you can remember that is directly pertinent to the encounter that you feel was unlawful. Use as much space as you need. If you find that you need more space continue your explanation on "Addendum A" of page 2 if extra space is required. This will indicate that additional information follows.

Make sure you include as many details as you can verify. Do not detail anything you can not prove. If there were witnesses to the event get their permission before using their names in **Part V**.

**Note:** Make sure you autograph **Part V** and, also on the Addendum if that page is used. Make sure you also use a red ink thumb print as your seal over the last couple of letters of your printed name.

## **Part VI State Recorder Verification**

If the person presenting this incident report wishes it to be recorded then the following applies.

**Note to State Recording Secretary:** If the individual autographing this form does not have a recording number, noted beneath their autograph on page 1, leave that line blank.

**Part VI** is to be filled in only by a credentialed State or County Land Recording Secretary.

The Recording Secretary will then fill in their (12) credential number, (13) their contact phone number, and (14) their email contact information.

At the bottom left fill in either the State or County where you hold your current position.

In the bottom right a space is reserved for your Recording Seal.

Lastly, autograph this document underneath your Recording Seal.

The first page of this document, along with the **Addendum**, if necessary, will be scanned in and linked to the account of the person indicated in **Part I** upon their request to have this document recorded under their "Land Recording System" account.

Once the form is complete and your satisfied with the contents, submit a <u>copy</u> of this document to the agency shown in box number ten (10).

If you need extra space you can write in the person to who's attention this document is being sent to and their full address at the beginning of **Part V**, or in **Addendum A**.

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