

LEGAL OBSERVER SUMMARY CHECKLIST
WORK PRODUCT: PRIVILEGED AND CONFIDENTIAL

Name: _____

Address: _____

Phone(s): _____

E-mail: _____

Date/Time of incident: _____

Location: _____

Weather & lighting conditions: _____

Brief Description: _____

Any still pictures or video? _____

Contact information for photographer: _____

Police agencies & names & badge numbers of officers involved: _____

Did the police use force? _____

Was anyone injured? _____

Contact information for other witnesses: _____

Additional information, observations, or remarks: _____

Signature: _____ Date: _____