

LOG # _____

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

“HOW AM I DRIVING”

INCIDENT REPORT

Date of Call: _____ Date of Incident: _____

Time of Call: _____ Time of Incident: _____

Call Received by: _____

Name of Caller: _____

Address: _____

Phone: Home: (____) _____ Work: (____) _____

Description of Incident: _____

Location: _____

Vehicle
Description _____
(Make/Body Type/Color of Vehicle)

License Plate #: _____ Vehicle #: _____

NOTE: THIS FORM IS NOT FOR DISTRIBUTION.