

**CITY OF FRANKLIN POLICE DEPARTMENT  
RIDE-ALONG PROGRAM**

**CITIZEN OBSERVERS COMMENT FORM**

NAME OF OBSERVER \_\_\_\_\_

DATE OF RIDE-ALONG \_\_\_\_\_ SHIFT \_\_\_\_\_

OFFICER RIDING WITH \_\_\_\_\_

VEHICLE NUMBER \_\_\_\_\_ WAS VEHICLE CLEAN Y \_\_\_\_\_ or N \_\_\_\_\_

NOTE ANY AREA OF INTEREST WHILE ON YOUR RIDE-ALONG:

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

NOTE ANY SUGGESTIONS THAT YOU MAY HAVE FOR THE PROGRAM:

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

WOULD YOU RECOMMEND THIS PROGRAM TO OTHER CITIZENS? Y \_\_\_\_\_ or N \_\_\_\_\_

PLEASE NOTE ANY GENERAL COMMENTS YOU MAY HAVE IN THIS AREA:

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