

Crime/Incident Report

CRIME	Related Reports <input type="checkbox"/> Y <input type="checkbox"/> N	Addn'l Property <input type="checkbox"/> Y <input type="checkbox"/> N	Addn'l Offenses Listed in Narr. <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A	Page _____ Of _____			Case Number _____													
	Code Section and Description (one incident only)				<input type="checkbox"/> HC	<input type="checkbox"/> OV	<input type="checkbox"/> OAK	Month _____	Day _____	Year _____	Day of Week _____	Time _____								
	Location of Incident (or address) _____ City _____							Seat _____		District _____										
VICTIM / WITNESS	<input type="checkbox"/> V <input type="checkbox"/> SP	W-type	Victim's Name (Last, First, Middle/or organization) _____				Residence Address _____ City _____ State _____ Zip _____													
	<input type="checkbox"/> W <input type="checkbox"/> DC <input type="checkbox"/> RP																			
	Residence Phone _____		See race code legend on top of back page	Race _____	Sex _____	Date of Birth _____	ID type _____	ID Number _____	Interpreter required? <input type="checkbox"/> Y <input type="checkbox"/> N	Relation to victim/suspect _____										
	Status _____	Employer (rank if military) _____		Business or military address _____ City _____ State _____ Zip _____			Days off _____	Work hrs. _____												
	Business Phone _____		Additional Information (Victim vehicle info, if applicable) _____																	
MO INFORMATION	<input type="checkbox"/> V <input type="checkbox"/> SP	W-type	Victim's Name (Last, First, Middle/or organization) _____				Residence Address _____ City _____ State _____ Zip _____													
	<input type="checkbox"/> W <input type="checkbox"/> DC <input type="checkbox"/> RP																			
	Residence Phone _____		See race code legend on top of back page	Race _____	Sex _____	Date of Birth _____	ID type _____	ID Number _____	Interpreter required? <input type="checkbox"/> Y <input type="checkbox"/> N	Relation to victim/suspect _____										
	Status _____	Employer (rank if military) _____		Business or military address _____ City _____ State _____ Zip _____			Days off _____	Work hrs. _____												
	Business Phone _____		Additional Information (Victim vehicle info, if applicable) _____																	
Total # of witnesses at crime _____		Witness type: <input type="checkbox"/> Arresting officer <input type="checkbox"/> Other lay witness <input type="checkbox"/> Narc chemist <input type="checkbox"/> Other expert <input type="checkbox"/> Investigator <input type="checkbox"/> Other police				Status: <input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Non-salaried Worker														
Place of attack: <input type="checkbox"/> Business <input type="checkbox"/> Vehicle <input type="checkbox"/> Street/Alley <input type="checkbox"/> Lot/Park/Yard <input type="checkbox"/> Vessels <input type="checkbox"/> Other																				
Description of Surrounding area: <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Industrial/Mftg. <input type="checkbox"/> Recreational <input type="checkbox"/> Institutional <input type="checkbox"/> Open Space <input type="checkbox"/> School <input type="checkbox"/> Marine/Water <input type="checkbox"/> Other																				
Force <input type="checkbox"/> Tool <input type="checkbox"/> Weapon <input type="checkbox"/>		Specify: _____				How Used: _____														
Force <input type="checkbox"/> Tool <input type="checkbox"/> Weapon <input type="checkbox"/>		Specify: _____				How Used: _____														
Type of Structure <input type="checkbox"/> N/A			Point of Entry			Security Used			Suspect Actions											
<input type="checkbox"/> Non-residential <input type="checkbox"/> Bank/S&L/CU <input type="checkbox"/> Business office <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Convenience <input type="checkbox"/> Dept <input type="checkbox"/> Drug/Medical <input type="checkbox"/> Entertainment/Recreation <input type="checkbox"/> Fast Food <input type="checkbox"/> Finance company <input type="checkbox"/> Gas/Serv. Station <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Jewelry/ Coin / Pawn <input type="checkbox"/> Liquor <input type="checkbox"/> MFG/Construction <input type="checkbox"/> Public bldg <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Retail goods <input type="checkbox"/> School <input type="checkbox"/> Services <input type="checkbox"/> Supermarket <input type="checkbox"/> Wholesale <input type="checkbox"/> _____ <u>Target(S)</u> <input type="checkbox"/> Cash register drawer <input type="checkbox"/> Display items <input type="checkbox"/> Office <input type="checkbox"/> Person <input type="checkbox"/> Safebox <input type="checkbox"/> Storage area <input type="checkbox"/> _____			<input type="checkbox"/> Residential <input type="checkbox"/> Apt/Condo <input type="checkbox"/> Duplex/Townhouse <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Houseboat <input type="checkbox"/> Single Detach <input type="checkbox"/> Trailer <input type="checkbox"/> _____ <u>Target(s)</u> <input type="checkbox"/> Attic <input type="checkbox"/> Basement <input type="checkbox"/> Bedroom <input type="checkbox"/> Den <input type="checkbox"/> Entire house <input type="checkbox"/> Family room <input type="checkbox"/> Garage <input type="checkbox"/> Kitchen <input type="checkbox"/> Living room <input type="checkbox"/> Person <input type="checkbox"/> Storage area <input type="checkbox"/> _____			<input type="checkbox"/> N/A <input type="checkbox"/> Unknown <input type="checkbox"/> Front <input type="checkbox"/> Garage <input type="checkbox"/> Rear <input type="checkbox"/> Back <input type="checkbox"/> Ground Level <input type="checkbox"/> Upper Level <input type="checkbox"/> Door <input type="checkbox"/> Duct/Vent <input type="checkbox"/> Roof/Floor <input type="checkbox"/> Truck/Hood <input type="checkbox"/> Wall <input type="checkbox"/> Window <input type="checkbox"/> _____ <u>Type Lock Attacked</u> <input type="checkbox"/> NA <input type="checkbox"/> Alarm operated <input type="checkbox"/> Deadbolt <input type="checkbox"/> Padlock <input type="checkbox"/> Spring latch <input type="checkbox"/> Slide latch/chain <input type="checkbox"/> Vehicle lock <input type="checkbox"/> Window latch <input type="checkbox"/> _____			<input type="checkbox"/> NA <input type="checkbox"/> Alarm <input type="checkbox"/> Bars/Grate <input type="checkbox"/> Dog <input type="checkbox"/> Exit lights <input type="checkbox"/> Guard <input type="checkbox"/> Int. Lights <input type="checkbox"/> Locked doors <input type="checkbox"/> Locked windows <input type="checkbox"/> Neighbor/watch <input type="checkbox"/> Operation ID <input type="checkbox"/> Photo/Camera <input type="checkbox"/> Security fence <input type="checkbox"/> Weapon <input type="checkbox"/> _____			<input type="checkbox"/> Unknown <input type="checkbox"/> ATE/Drank on premises <input type="checkbox"/> Blindfold victim <input type="checkbox"/> Bound victim <input type="checkbox"/> Cased area <input type="checkbox"/> Child molest <input type="checkbox"/> Child neglect <input type="checkbox"/> Concealed goods <input type="checkbox"/> Defeated security <input type="checkbox"/> Defecated <input type="checkbox"/> Demanded cash <input type="checkbox"/> Demanded jewelry <input type="checkbox"/> Disabled phone <input type="checkbox"/> Fired weapon <input type="checkbox"/> Followed/stalked <input type="checkbox"/> Forced entry <input type="checkbox"/> Forced victim to lay on floor <input type="checkbox"/> Forced victim to move <input type="checkbox"/> Fraud/ False pretense <input type="checkbox"/> Gang related <input type="checkbox"/> Hide/ concealed on face/ wore mask <input type="checkbox"/> _____			<input type="checkbox"/> hideout technique <input type="checkbox"/> Inflected injury <input type="checkbox"/> Offered assistance <input type="checkbox"/> Offered drugs <input type="checkbox"/> Offered gambling <input type="checkbox"/> Offered sex acts <input type="checkbox"/> Offered sex <input type="checkbox"/> Picked pocket <input type="checkbox"/> Prepared Exit <input type="checkbox"/> Purse snatch <input type="checkbox"/> Pushed/ Shoved victim <input type="checkbox"/> Put cash in bad or purse <input type="checkbox"/> Raped <input type="checkbox"/> Shoplifted <input type="checkbox"/> Smoked on premises <input type="checkbox"/> Tampered with vehicle <input type="checkbox"/> Made threats <input type="checkbox"/> Took animals from register personally <input type="checkbox"/> Took only jewelry <input type="checkbox"/> _____			<input type="checkbox"/> Took only TV/ Stereo / Camera <input type="checkbox"/> Took property from person <input type="checkbox"/> Took property from vehicle <input type="checkbox"/> Took veh. PTS access <input type="checkbox"/> Took victim's vehicle <input type="checkbox"/> Used demand note <input type="checkbox"/> Used left hand <input type="checkbox"/> Used lockout <input type="checkbox"/> Used matches <input type="checkbox"/> Used phone <input type="checkbox"/> Used right hand <input type="checkbox"/> Used stolen vehicle <input type="checkbox"/> Used threats <input type="checkbox"/> Used victim's tool <input type="checkbox"/> Vandalized <input type="checkbox"/> Vehicle needed to remove property <input type="checkbox"/> Other <input type="checkbox"/> _____		

							<input type="checkbox"/> Took only money <input type="checkbox"/> Took only tools	<input type="checkbox"/> Pretended to be: _____								
P R O P E R T Y	Item No.	Article Name	Stolen Received	Identification Numbers	Brand/Make or Manufacturer	Model Name and Model Number	Miscellaneous Description	Value								
	1															
	2															
	3															
	4															
A D M I N	Victim injured <input type="checkbox"/> Y <input type="checkbox"/> N															
	Reporting officer	ID #	Division	Approved by	ID #	Detective(s) assigned	ID #	Division								
	Date and time of report Mo. Day Year Time			Case station	Agency	Crime type										
Race code legend: A – Other Asian B – Black C – Chinese D – Cambodian F – Filipino G – Guamanian H – Hispanic I – Indian J – Japanese K – Korean L – Laotian O – Other P – Pacific Islander S - Samoan U - Hawaiian V – Vietnamese W – White Z – Asian Indian								Case #								
S U S P E C T S	Arrested <input type="checkbox"/> Y <input type="checkbox"/> N	Suspect #1 (Last, First, Middle, Nickname/AKA)		Race	Sex	Age	DOB	Height	Weight	Build	Hair color	Eye color				
	Suspect's address			City	State	Zip	Phone		ID type	ID Number						
	Additional information/Further suspect description (i.e., glasses, tattoos, teeth, birthmarks, jewelry, scars, etc.)															
	Suspect's clothing															
	Arrested <input type="checkbox"/> Y <input type="checkbox"/> N	Suspect #2 (Last, First, Middle, Nickname/AKA)		Race	Sex	Age	DOB	Height	Weight	Build	Hair color	Eye color				
	Suspect's address			City	State	Zip	Phone		ID type	ID Number						
	Additional information/Further suspect description (i.e., glasses, tattoos, teeth, birthmarks, jewelry, scars, etc.)															
	Suspect's clothing															
	Hair Length/Type		Hair Style		Facial Hair		Complexion		General Appearance		Demeanor		Speech		Voice	
	1	Suspect 2	1	Suspect 2	1	Suspect 2	1	Suspect 2	1	Suspect 2	1	Suspect 2	1	Suspect 2	1	Suspect 2
<input type="checkbox"/> Unknown	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/>	<input type="checkbox"/> unknown	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/>	<input type="checkbox"/> unknown	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/>	
<input type="checkbox"/> Bald	<input type="checkbox"/>	<input type="checkbox"/> Afro/nat.	<input type="checkbox"/>	<input type="checkbox"/> Clean shave	<input type="checkbox"/>	<input type="checkbox"/> Acne	<input type="checkbox"/>	<input type="checkbox"/> Causal	<input type="checkbox"/>	<input type="checkbox"/> Angry	<input type="checkbox"/>	<input type="checkbox"/> Accent	<input type="checkbox"/>	<input type="checkbox"/> Disguised	<input type="checkbox"/>	
<input type="checkbox"/> Collar	<input type="checkbox"/>	<input type="checkbox"/> Braided	<input type="checkbox"/>	<input type="checkbox"/> Full beard	<input type="checkbox"/>	<input type="checkbox"/> Dark	<input type="checkbox"/>	<input type="checkbox"/> Dirty	<input type="checkbox"/>	<input type="checkbox"/> Apologetic	<input type="checkbox"/>	<input type="checkbox"/> Lisp	<input type="checkbox"/>	<input type="checkbox"/> High Pitch	<input type="checkbox"/>	
<input type="checkbox"/> Long	<input type="checkbox"/>	<input type="checkbox"/> Bushy	<input type="checkbox"/>	<input type="checkbox"/> Fu Manchu	<input type="checkbox"/>	<input type="checkbox"/> Freckled	<input type="checkbox"/>	<input type="checkbox"/> Disgust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mumbles	<input type="checkbox"/>	<input type="checkbox"/> Loud	<input type="checkbox"/>	
<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Greasy	<input type="checkbox"/>	<input type="checkbox"/> Goatee	<input type="checkbox"/>	<input type="checkbox"/> Light	<input type="checkbox"/>	<input type="checkbox"/> Flashy	<input type="checkbox"/>	<input type="checkbox"/> Calm	<input type="checkbox"/>	<input type="checkbox"/> Offensive	<input type="checkbox"/>	<input type="checkbox"/> Low pitch	<input type="checkbox"/>	
<input type="checkbox"/> Short	<input type="checkbox"/>	<input type="checkbox"/> Military	<input type="checkbox"/>	<input type="checkbox"/> Lower lip	<input type="checkbox"/>	<input type="checkbox"/> Medium	<input type="checkbox"/>	<input type="checkbox"/> good-looking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quiet	<input type="checkbox"/>	<input type="checkbox"/> Medium	<input type="checkbox"/>	
<input type="checkbox"/> Shoulder	<input type="checkbox"/>	<input type="checkbox"/> Ponytail	<input type="checkbox"/>	<input type="checkbox"/> Mustache	<input type="checkbox"/>	<input type="checkbox"/> Pale	<input type="checkbox"/>	<input type="checkbox"/> Military	<input type="checkbox"/>	<input type="checkbox"/> Disorganized	<input type="checkbox"/>	<input type="checkbox"/> Rapid	<input type="checkbox"/>	<input type="checkbox"/> Monotone	<input type="checkbox"/>	
<input type="checkbox"/> Coarse	<input type="checkbox"/>	<input type="checkbox"/> Processed	<input type="checkbox"/>	<input type="checkbox"/> None/ fuzz	<input type="checkbox"/>	<input type="checkbox"/> Pocked	<input type="checkbox"/>	<input type="checkbox"/> Unkempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Slow	<input type="checkbox"/>	<input type="checkbox"/> Nasal	<input type="checkbox"/>	
<input type="checkbox"/> Fine	<input type="checkbox"/>	<input type="checkbox"/> Straight	<input type="checkbox"/>	<input type="checkbox"/> Sideburns	<input type="checkbox"/>	<input type="checkbox"/> Rudy	<input type="checkbox"/>	<input type="checkbox"/> Unusual odor	<input type="checkbox"/>	<input type="checkbox"/> Irrational	<input type="checkbox"/>	<input type="checkbox"/> Stutters	<input type="checkbox"/>	<input type="checkbox"/> Pleasant	<input type="checkbox"/>	
<input type="checkbox"/> Thick	<input type="checkbox"/>	<input type="checkbox"/> Wavy/curly	<input type="checkbox"/>	<input type="checkbox"/> Unshaven	<input type="checkbox"/>	<input type="checkbox"/> Tanned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nervous	<input type="checkbox"/>	<input type="checkbox"/> Talkative	<input type="checkbox"/>	<input type="checkbox"/> Raspy	<input type="checkbox"/>	
<input type="checkbox"/> Thinning	<input type="checkbox"/>	<input type="checkbox"/> Wig	<input type="checkbox"/>	<input type="checkbox"/> Van Dyke	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Well groomed	<input type="checkbox"/>	<input type="checkbox"/> Polite	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Soft	<input type="checkbox"/>	
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stupid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suspect Vehicle	Year	Make	Model	Color/Color	Type	License No.	Lic. State									
Additional vehicle identifiers (damage, chrome wheels, etc.)								Vehicle Impound <input type="checkbox"/> Y <input type="checkbox"/> N	Towing Company							
E V I D	Evidence obtained: <input type="checkbox"/> None <input type="checkbox"/> Fingerprints <input type="checkbox"/> Other prints <input type="checkbox"/> Weapon/Tools <input type="checkbox"/> Vehicle <input type="checkbox"/> Photos <input type="checkbox"/> Hair <input type="checkbox"/> Stains <input type="checkbox"/> Blood/Semen <input type="checkbox"/> Other															
	Disposition of evidence:					Tag Nos.			Addn'l persons listed <input type="checkbox"/> Y <input type="checkbox"/> N		Witness check <input type="checkbox"/> Y <input type="checkbox"/> N					
N A R R A T I V E	Headings; Crime description; Victim(s) statement; Officer's statement/investigation; Evidence disposition; Witness statement/Witness checks; Injuries/Property damage															
Officer assault:				Activity when assault occurred												

	<input type="checkbox"/> One-officer vehicle <input type="checkbox"/> Two-officer vehicle <input type="checkbox"/> Detective or special assignment <input type="checkbox"/> Alone <input type="checkbox"/> Assisted Number officers with personal injury _____ Number officers without personal injury _____	<input type="checkbox"/> 415 <input type="checkbox"/> 489 <input type="checkbox"/> 211 <input type="checkbox"/> Other arrest <input type="checkbox"/> Civil disorder	<input type="checkbox"/> Susp CIR/person <input type="checkbox"/> Transporting <input type="checkbox"/> Traffic stop <input type="checkbox"/> Pursuit <input type="checkbox"/> Ambush	<input type="checkbox"/> 5150 <input type="checkbox"/> All other
A R S O N	Arson type: <input type="checkbox"/> Single residential <input type="checkbox"/> Other residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial/manufacturing <input type="checkbox"/> Other commercial <input type="checkbox"/> Community/Public <input type="checkbox"/> All other structures <input type="checkbox"/> Motor vehicles <input type="checkbox"/> Other mobile property <input type="checkbox"/> Crops, timber, fences, signs, etc.			
	Description:	Content loss \$:	Structural loss \$:	Abandoned <input type="checkbox"/> Y <input type="checkbox"/> N