



<b>Incident/Offense Report - Continued</b>		83 Date of Report (MM/DD/YY)		84 Time of Report <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> MIL		85 Agency Case Number				86 Suffix		87 <input type="checkbox"/> Offender <input type="checkbox"/> Suspect <input type="checkbox"/> Missing Person		<input type="checkbox"/> Check if Multiple					
88 Reported By (Last, First, Middle Name) <input type="checkbox"/> Victim Or						89 Suffix		90 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		91 Home Phone		92 Work Phone		93 Other Phone					
94 Victim #		95 Victim (Last, First, Middle Name)				96 Suffix	97 Address (Street, City, State, Zip)				98 Home Phone		99 Work Phone		100 Other Phone				
101 Employer/School				102 Occupation		103 Address (Street, City, State, Zip)				104 Work Phone		105 Other Phone							
106 Sex <input type="checkbox"/> M <input type="checkbox"/> F	107 Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I		Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	108	109 HGT	110 WGT	111 Date of Birth	112 Age	113 Victim SSN			114 Complainant SSN							
<input type="checkbox"/> Multiple Victims <input type="checkbox"/> LE Officer		115	116 Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		117 Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	118 Offender known to victim? <input type="checkbox"/> Yes <input type="checkbox"/> No		119 Victim was? (Explain Relationship.)				120 Relationship Code							
121 Weapons Used <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Hands, Fist, Feet, Voice, etc. <input type="checkbox"/> Other Dangerous				122 Description of Weapons/Firearms/Tools Used in Offense Describe: _____ <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Unknown															
123 Place of Occurrence (Enter exact street address here.)						124 Type of Injury <input type="checkbox"/> None <input type="checkbox"/> Broken Bones <input type="checkbox"/> Internal Injury <input type="checkbox"/> Severe Laceration <input type="checkbox"/> Minor Injury <input type="checkbox"/> Other Major Injury <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Unconscious				125 Sector									
126 Circumstances: Homicide & Assault				127 Location: Rape		128 Assault <input type="checkbox"/> Simple <input type="checkbox"/> Aggravated		129 Treatment for Assault? <input type="checkbox"/> Yes <input type="checkbox"/> No		130 Verify for Rape Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No		131 Treatment for Rape? <input type="checkbox"/> Yes <input type="checkbox"/> No							
132 Off #	133 Name (Last, First, Middle)				134 SFX	135 Alias		136 Social Security #		137 Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I	138 Sex <input type="checkbox"/> M <input type="checkbox"/> F	139 Date of Birth	140 Age						
141 Address (Street, City, State, Zip)						142 HGT	143 WGT	144 Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		145 Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other									
146 Probable Destination				147 Eye	148 Hair	149 Complexion		150 Armed <input type="checkbox"/> Yes <input type="checkbox"/> No											
151 Clothing				152 <input type="checkbox"/> Scars <input type="checkbox"/> Marks <input type="checkbox"/> Tattoos <input type="checkbox"/> Amputations				153 <input type="checkbox"/> Arrested <input type="checkbox"/> Dual Arrest (Domestic Violence) <input type="checkbox"/> Wanted											
154 Off #	155 Name (Last, First, Middle)				156 SFX	157 Alias		158 Social Security #		159 Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I	160 Sex <input type="checkbox"/> M <input type="checkbox"/> F	161 Date of Birth	162 Age						
163 Address (Street, City, State, Zip)						164 HGT	165 WGT	166 Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		167 Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other									
168 Probable Destination				169 Eye	170 Hair	171 Complexion		172 Armed <input type="checkbox"/> Yes <input type="checkbox"/> No											
173 Clothing				174 <input type="checkbox"/> Scars <input type="checkbox"/> Marks <input type="checkbox"/> Tattoos <input type="checkbox"/> Amputations				175 <input type="checkbox"/> Arrested <input type="checkbox"/> Dual Arrest (Domestic Violence) <input type="checkbox"/> Wanted											
Name (Last, First, Middle)		Sex	Race		Date of Birth		Address				Contact Telephone Numbers								
176		177 <input type="checkbox"/> M <input type="checkbox"/> F	178 <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I		179		180				181 Home		182 Work 183 Other						
184		185 <input type="checkbox"/> M <input type="checkbox"/> F	186 <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I		187		188				189 Home		190 Work 191 Other						
192		193 <input type="checkbox"/> M <input type="checkbox"/> F	194 <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I		195		196				197 Home		198 Work 199 Other						
200 Witness # 1 SSN					201 Witness # 2 SSN					202 Witness # 3 SSN									
203																			
204 Continued on Supplement <input type="checkbox"/> Yes <input type="checkbox"/> No																			
205 Assisting Agency ORI				206 Assisting Agency Case Number				207 SFX		208 Warrant Signed <input type="checkbox"/> Yes <input type="checkbox"/> No		Warrant #		209 Add. Cases Closed Narrative <input type="checkbox"/> Y <input type="checkbox"/> N					
I hereby affirm that I have read this report and that all the information given by me is correct to the best of my knowledge. I will assume full responsibility for notifying the agency if any stolen property or missing person herein reported is returned.														210 Signature		211 Local Use		212 State Use	