

INCIDENT	1. Agency			2. Division/Precinct			New York State INCIDENT REPORT			3. ORI NY			4. <input type="checkbox"/> Orig <input type="checkbox"/> Supp		5. Case No.		6. Incident No.					
	7. Report Day		8. Date Mo. Day Yr.		9. Report Time		Occurred On/From: →		10. Day		11. Date Mo. Day Yr.		12. Time		Occurred To: →		13. Day		14. Date Mo. Day Yr.		15. Time	
	16. Incident Type							17. Business Name					18. Weapon(s)					A.				
	19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.)										20. City, State, Zip (<input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> V)					21. Location Code <small>T/SLED Code</small>					B.	
	22. OFF. NO.		LAW	SECTION		SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE					CTS	23. No. of Victims		C.			
1																24. No. of Suspects		D.				
2																						
3																						
ASSOCIATED PERSONS	25. Person Type: CO = Complainant OT = Other PI = Person Interviewed PR = Person Reporting WI = Witness NI = Not Interviewed VI = Victim															26. Victim also complainant <input type="checkbox"/> Y <input type="checkbox"/> N		E.				
	TYPE/NO		NAME (LAST, FIRST, MIDDLE, TITLE)					Date of Birth			STREET NO., STREET NAME, BLDG. NO., APT. NO., CITY, STATE, ZIP					TELEPHONE NO.		F.				
																BUSINESS						
																RESIDENCE						
																BUSINESS		G.				
															RESIDENCE							
															BUSINESS		H.					
															RESIDENCE							
															BUSINESS		I.					
															RESIDENCE							
VICTIM	27. Date of Birth Mo. Day Yr.			28. Age		29. Sex <input type="checkbox"/> M <input type="checkbox"/> F		30. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.			31. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		32. Handicap <input type="checkbox"/> Yes <input type="checkbox"/> No		33. Residence Status <input type="checkbox"/> Temp. Res.- Foreign Nat. <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Commuter <input type="checkbox"/> Military <input type="checkbox"/> Homeless <input type="checkbox"/> Unk.					J.		
	34. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law <input type="checkbox"/> YES <input type="checkbox"/> NO															K.						
SUSPECT MISSING/ARRESTED PERSON	35. Type/No. TABLE O		36. Name (Last, First, Middle)					37. Alias/Nickname/Maiden Name (Last, First, Middle)					38. Apparent Condition <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Unk. <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj / Ill <input type="checkbox"/> App Norm					L.				
	39. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip)										40. Phone No. <input type="checkbox"/> Home <input type="checkbox"/> Work		41. Social Security No.					M.				
	42. Date of Birth Mo. Day Yr.			43. Age		44. Sex <input type="checkbox"/> M <input type="checkbox"/> F		45. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.			46. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		47. Skin <input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk. <input type="checkbox"/> Medium <input type="checkbox"/> Other		48. Occupation TABLE P			N.				
	49. Height ft. in.		50. Weight		51. Hair TABLE Q		52. Eyes TABLE R		53. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> Contacts <input type="checkbox"/> No		54. Build <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium		55. Employer/School		56. Address							
	57. Scars/Marks/Tattoos (Describe)										58. Misc.					1						
PROPERTY	59. Victim or Suspect No.	Property Status TABLE S	Property Type TABLE T	Quantity/Measure TABLE U		Make or Drug Type TABLE V		Model	Serial No.		Description			Value	2							
															3							
															4							
															5							
															6							
VEHICLE	60. Vehicle Status TABLE W		61. License Plate No.			Full <input type="checkbox"/> Partial <input type="checkbox"/>		62. State	63. Exp. Yr.	64. Plate Type		65. Value			7							
	66. Veh. Yr.		67. Make			68. Model		69. Style		70. VIN.			8									
	71. Color(s)			72. Towed By: _____ To: _____					73. Vehicle Notes			9										
													10									
													11									
NARRATIVE	74.													12								
														13								
														TOTAL								
ADMINISTRATIVE	75. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other					76. NYSPIN Message No.			77. Complainant Signature					85.								
	78. Reporting Officer Signature (Include Rank)					79. ID No.			80. Supervisor's Signature (Include Rank)					81. ID No.								
	82. Status <input type="checkbox"/> Open <input type="checkbox"/> Closed (if Closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> Victim Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody <input type="checkbox"/> Arrest - Juv <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unk.					83. Status Date Mo. Day Yr.			84. Notified/TOT					Page of Pages								