

ADMINISTRATIVE	AGENCY NAME				*INCIDENT NUMBER																																																																																							
	CALL NUMBER		*GEOCODE		*CLEARANCES																																																																																							
	TOD	<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT			A <input type="checkbox"/> Death of Suspect		G <input type="checkbox"/> Arrest – Juvenile																																																																																					
	TOA				B <input type="checkbox"/> Prosecution Declined		H <input type="checkbox"/> Warrant Issued																																																																																					
TOC	C <input type="checkbox"/> Extradition Denied				I <input type="checkbox"/> Invest. Pending																																																																																							
OHIO UNIFORM INCIDENT REPORT				*CLEARANCE DATE:		CLEARED BY:																																																																																						
				MONTH	*REPORT DATE/TIME DAY	YEAR	TIME	MONTH	*INCIDENT OCCURRED FROM DAY	YEAR	TIME	MONTH	*INCIDENT OCCURRED TO DAY	YEAR	TIME																																																																													
INCIDENT LOCATION (Street, Apt., City, State, Zip)																																																																																												
OFFENSE	*OFFENSE		*OFFENSE CODE		*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY																																																																																			
	1.		1.						1. _____ 2. _____ 3. _____																																																																																			
	2.		2.						1. _____ 2. _____ 3. _____																																																																																			
	3.		3.						1. _____ 2. _____ 3. _____																																																																																			
	4.		4.						1. _____ 2. _____ 3. _____																																																																																			
	5.		5.						1. _____ 2. _____ 3. _____																																																																																			
*LOCATION OF OFFENSE (Enter up to two)																																																																																												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">1. _____ 2. _____</td> <td style="width:33%;">12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings</td> <td style="width:33%;">RETAIL 26 Bar 27 Buy/Sell/Trade Shop 28 Restaurant 29 Gas Station 30 Auto Sales Lot 31 Jewelry Store 32 Clothing Store 33 Drugstore 34 Liquor Store 35 Shopping Mall 36 Sporting Goods 37 Grocery/Supermarket 38 Variety/Convenience 39 Department Store 40 Other Retail Store</td> <td style="width:33%;">41 Factory/Mill/Plant 42 Other Building OUTSIDE 43 Yard 44 Construction Site 45 Lake/Waterway 46 Field/Woods 47 Street 48 Parking Lot 49 Park/Playground 50 Cemetery 51 Public Transit Vehicle 52 Other Outside Location 77 Other</td> <td colspan="4" style="text-align: center;">*SUSPECTED OF USING</td> </tr> <tr> <td colspan="4">RESIDENTIAL STRUCTURE 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed</td> <td colspan="4">COMMERCIAL LOCATIONS 15 Auto Shop 16 Financial Institution 17 Barber/Beauty Shop 18 Hotel/Motel 19 Dry Cleaners/Laundry 20 Professional Office 21 Doctor's Office 22 Other Business Office 23 Amusement Center 24 Rental Storage Facility 25 Other Commercial Service Loc.</td> <td colspan="4">A <input type="checkbox"/> ALCOHOL</td> </tr> <tr> <td colspan="4">PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital</td> <td colspan="4"></td> <td colspan="4">D <input type="checkbox"/> DRUGS</td> </tr> <tr> <td colspan="4"></td> <td colspan="4"></td> <td colspan="4">C <input type="checkbox"/> COMPUTER EQUIPMENT</td> </tr> <tr> <td colspan="4"></td> <td colspan="4"></td> <td colspan="4">N <input type="checkbox"/> NOT APPLICABLE</td> </tr> <tr> <td colspan="4"></td> <td colspan="4"></td> <td colspan="4" style="text-align: center;">*TYPE WEAPON/FORCE USED</td> </tr> <tr> <td colspan="4"></td> <td colspan="4"></td> <td colspan="4">1. _____ 2. _____ 3. _____</td> </tr> </table>													1. _____ 2. _____	12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings	RETAIL 26 Bar 27 Buy/Sell/Trade Shop 28 Restaurant 29 Gas Station 30 Auto Sales Lot 31 Jewelry Store 32 Clothing Store 33 Drugstore 34 Liquor Store 35 Shopping Mall 36 Sporting Goods 37 Grocery/Supermarket 38 Variety/Convenience 39 Department Store 40 Other Retail Store	41 Factory/Mill/Plant 42 Other Building OUTSIDE 43 Yard 44 Construction Site 45 Lake/Waterway 46 Field/Woods 47 Street 48 Parking Lot 49 Park/Playground 50 Cemetery 51 Public Transit Vehicle 52 Other Outside Location 77 Other	*SUSPECTED OF USING				RESIDENTIAL STRUCTURE 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed				COMMERCIAL LOCATIONS 15 Auto Shop 16 Financial Institution 17 Barber/Beauty Shop 18 Hotel/Motel 19 Dry Cleaners/Laundry 20 Professional Office 21 Doctor's Office 22 Other Business Office 23 Amusement Center 24 Rental Storage Facility 25 Other Commercial Service Loc.				A <input type="checkbox"/> ALCOHOL				PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital								D <input type="checkbox"/> DRUGS												C <input type="checkbox"/> COMPUTER EQUIPMENT												N <input type="checkbox"/> NOT APPLICABLE												*TYPE WEAPON/FORCE USED												1. _____ 2. _____ 3. _____			
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								1. _____ 2. _____ 3. _____																																																																																				
*METHOD OF ENTRY			*METHOD OF ENTRY – MOTOR VEHICLE THEFT				*METHOD OF ENTRY – BURGLARY/B&E																																																																																					
1 <input type="checkbox"/> FORCE 2 <input type="checkbox"/> NO FORCE			01 <input type="checkbox"/> Motor Running/Keys in Car		06 <input type="checkbox"/> Hot Wire		ENTRY		EXIT		ENTRY		EXIT																																																																															
*NO. PREMISES ENTERED			02 <input type="checkbox"/> Unlocked		07 <input type="checkbox"/> Slim Jim/Coat Hanger		1 <input type="checkbox"/> BASEMENT <input type="checkbox"/>		1 <input type="checkbox"/> DOOR <input type="checkbox"/>		1 <input type="checkbox"/> FRONT <input type="checkbox"/>		1 <input type="checkbox"/>																																																																															
			03 <input type="checkbox"/> Duplicate Key Used		08 <input type="checkbox"/> Tumblers Removed		2 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/>		2 <input type="checkbox"/> WINDOW <input type="checkbox"/>		2 <input type="checkbox"/> SIDE <input type="checkbox"/>		2 <input type="checkbox"/>																																																																															
			04 <input type="checkbox"/> Window Broken		09 <input type="checkbox"/> Column Peeled		3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/>		3 <input type="checkbox"/> GARAGE <input type="checkbox"/>		3 <input type="checkbox"/> REAR <input type="checkbox"/>		3 <input type="checkbox"/>																																																																															
			05 <input type="checkbox"/> Towed		10 <input type="checkbox"/> Ignition Peeled		4 <input type="checkbox"/> OTHER <input type="checkbox"/>		4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/>		4 <input type="checkbox"/> ROOF <input type="checkbox"/>		4 <input type="checkbox"/>																																																																															
							5 <input type="checkbox"/> OTHER <input type="checkbox"/>		5 <input type="checkbox"/> OTHER <input type="checkbox"/>		5 <input type="checkbox"/> OTHER <input type="checkbox"/>		5 <input type="checkbox"/>																																																																															
METHODS OF OPERATION																																																																																												
*NO.		*TOTAL VICTIMS		*VICTIM TYPE		I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL INSTITUTION G <input type="checkbox"/> GOVERNMENT		P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) R <input type="checkbox"/> RELIGIOUS ORGANIZATION		S <input type="checkbox"/> SOCIETY U <input type="checkbox"/> UNKNOWN		O <input type="checkbox"/> OTHER																																																																														
NAME (Last, First, Middle)																																																																																												
ADDRESS (Street, Apt., City, State, Zip)										PHONE																																																																																		
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)										PHONE																																																																																		
*AGE/ D.O.B.		*SEX		*RACE		W <input type="checkbox"/> I <input type="checkbox"/> U		B <input type="checkbox"/> A I <input type="checkbox"/> U		ETHNICITY		HGT		WGT		HAIR		EYES																																																																										
OCCUPATION				SSN				*RESIDENT STATUS		1 <input type="checkbox"/> RESIDENT		3 <input type="checkbox"/> MILITARY		5 <input type="checkbox"/> OTHER																																																																														
*VICTIM INJURED? <input type="checkbox"/> Y <input type="checkbox"/> N		IF INJURED, DESCRIBE INJURIES:																																																																																										
*AGG. ASSAULT/ HOMICIDE CIRC.		*LEOKA INFORMATION			*VICTIM/SUSPECT RELATIONSHIP					*VICTIM/OFFENSE LINK																																																																																		
		TYPE OF ACT.	ASSIGN. TYPE	ORI – OTHER	0.	1.	2.	3.	4.	5.																																																																																		
My signature verifies that the information on this report is accurate and true													INCIDENT NUMBER																																																																															
DATE _____																																																																																												
REPORTING OFFICER								BADGE NO.		DATE																																																																																		
APPROVING OFFICER								BADGE NO.		DATE																																																																																		
FOLLOW-UP? <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, follow-up Assignment:																																																																																										
ADDITIONAL SUPPLEMENTS		VICTIM/WITNESS		PROPERTY		STATEMENTS		FORM RECEIVED BY:		INTELLIGENCE		SPECIAL COPIES																																																																																
		<input type="checkbox"/> SUSPECT/ARRESTEE		<input type="checkbox"/> NARRATIVE		<input type="checkbox"/> OTHER		<input type="checkbox"/> INVESTIGATION		<input type="checkbox"/> RECORDS																																																																																		