

# INCIDENT REPORT – PART 2

INCIDENT NUMBER

VICTIM OFFENSE INCIDENT DATE AND TIME

<b>REPORTEE</b>	NO.	NAME (Last, First, Middle)	AGE/ D.O.B.	SSN
	ADDRESS (Street, Apt., City, State, Zip)			PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)			PHONE
	STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

<b>VEHICLE</b>	CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTHORIZED USE <input type="checkbox"/> ABANDONED									
	NO.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE		
	VYR	VMA	VMO	VST	VCO TOP BOTTOM	VEHICLE LOCKED <input type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> N	RELEASE CONTENTS <input type="checkbox"/> N	
	VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED? <input type="checkbox"/> N	<input type="checkbox"/> Y TOWED BY	OWNERSHIP VERIFIED BY:	<input type="checkbox"/> TAG RECEIPT	<input type="checkbox"/> BILL OF SALE	<input type="checkbox"/> TITLE	<input type="checkbox"/> OTHER	
	STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	RESID. <input type="checkbox"/> RURAL	ADDITIONAL DESCRIPTION					
	AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip)								PHONE	

<b>PROPERTY</b>	*TYPE PROPERTY LOSS/ETC. (enter codes below)										1 NONE		3 COUNTERFEITED/FORGED		5 STOLEN/ETC.		7 RECOVERED		P PHOTO		TOTAL VALUE
											2 BURNED		4 DESTROYED/DAMAGED/VANDALIZED		6 SEIZED		U UNKNOWN		E EVIDENCE		
	*LOSS CODE	QUANTITY	DESCRIPTION								*PROP CODE	*VALUE									
	VICT. NO.	VEH. NO.	MAKE/BRAND				MODEL				DATE RECOVERED										
	SERIAL NUMBER		NCIC NUMBER				OTHER NUMBER														
	*LOSS CODE	QUANTITY	DESCRIPTION								*PROP CODE	*VALUE									
	VICT. NO.	VEH. NO.	MAKE/BRAND				MODEL				DATE RECOVERED										
	SERIAL NUMBER		NCIC NUMBER				OTHER NUMBER														
	*LOSS CODE	QUANTITY	DESCRIPTION								*PROP CODE	*VALUE									
	VICT. NO.	VEH. NO.	MAKE/BRAND				MODEL				DATE RECOVERED										
	SERIAL NUMBER		NCIC NUMBER				OTHER NUMBER														

  

<b>PROPERTY CODES:</b>	<b>EXCHANGE MEDIUMS</b>	<b>VALUABLES</b>	<b>PERSONAL EFFECTS</b>	<b>HOUSEHOLD ITEMS</b>	<b>EQUIPMENT</b>	<b>CONSUMABLE ITEMS</b>	<b>ANIMALS</b>	<b>VEHICLES</b>	<b>WEAPONS</b>	<b>STRUCTURES</b>	<b>OTHER</b>																																											
01 Money	02 Credit/Debit Card	03 Negotiable Instruments	04 Other Exchange Mediums	05 Non-Negotiable Instruments	06 Personal Papers	07 Other Documents	08 Jewelry/Precious Metals	09 Art Objects, Antiques	10 Other Valuables	11 Clothing/Furs	12 Purses/Handbags/Wallets	13 Other Personal Effects	14 Household Items	15 Drug/Narcotic Equip.	16 Gambling Equipment	17 Computer Hardware/Soft.	18 Office Equipment	19 Stereo TV Equip.	20 Recordings-Audio Visual	21 Sports Equipment	22 Photographic Equipment	23 Farm Equipment	24 Heavy Construction/Industrial	25 Building Supplies-Const.	26 Tools	27 Vehicle Parts/Accessories	28 School Supplies	29 Other Equipment	30 Alcohol	31 Drugs/Narcotics	32 Consumable Goods	33 Livestock	34 Household Pets	35 Aircraft	36 Automobiles	37 Bicycles	38 Buses	39 Trucks	40 Trailers	41 Watercraft	42 Recreational Vehicle	43 Other Motor Vehicle	44 Firearms	45 Other Weapons	46 Single Occupancy	47 Other Dwellings	48 Commercial/Business	49 Indus./Mfg.	50 Public/Community	51 Storage	52 Other Structure	53 Merchandise	54 Other Property	55 Pending Inventory

<b>NARRATIVE</b>	