

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"/> In Custody of Other Jurisd.				I <input type="checkbox"/> Invest. Pending			
				D <input type="checkbox"/> Victim Refused to Coop.		J <input type="checkbox"/> Closed		
				E <input type="checkbox"/> Juvenile/No Custody		K <input type="checkbox"/> Unfounded		
				F <input type="checkbox"/> Arrest - Adult		U <input type="checkbox"/> Unknown		
<b>OHIO UNIFORM INCIDENT REPORT</b>				*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 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. _____

(Enter up to three for each offense)  
 B- BUYING/RECEIVING  
 C- CULTIVATING/MFG./PUB.  
 D- DISTRIBUTING/SELLING  
 E- EXPLOITING CHILDREN  
 O- OPER/PROPOTING/ASSIST.  
 P- POSSESSING/CONCEALING  
 T- TRANSP/TRANSMITTING  
 U- USING/CONSUMING  
 G- OTHER GANG ACTIVITY  
 J- JUVENILE GANG ACTIVITY  
 N- NO GANG ACTIVITY

\*LOCATION OF OFFENSE (Enter up to two)

1. _____ 2. _____	12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings	59 Daycare Facility	40 Other Retail Store 41 Factory/Mill/Plant 42 Other Building	OTHER 53 Abandoned/ Condemned Structure 55 Arena/Stadium/ Fairgrounds/Coliseum 58 Cargo Container 60 Dock/Wharf/Freight/ Modal Terminal 61 Farm Facility 62 Gambling Facility/ Casino/Race Track 63 Military Installation 65 Shelter-Mission/ Homeless 66 Tribal Lands 77 Other	*SUSPECTED OF USING
RESIDENTIAL STRUCTURE	COMMERCIAL LOCATIONS	RETAIL	OUTSIDE		A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input type="checkbox"/> NOT APPLICABLE
01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed	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 Recreation/Entertainment Center 54 Amusement Park 24 Rental Storage Facility 25 Other Commercial Service Loc. 56 ATM Machine Separate from Bank	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	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 57 Camp/Campground 64 Rest Area		*TYPE WEAPON/FORCE USED
PUBLIC ACCESS BLDGS.					1. _____ 2. _____ 3. _____
06 Transit Facility 07 Government Office 08 School 09 College 67 Library 10 Church 11 Hospital					

*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 02 <input type="checkbox"/> Unlocked 03 <input type="checkbox"/> Duplicate Key Used 04 <input type="checkbox"/> Window Broken 05 <input type="checkbox"/> Towed	06 <input type="checkbox"/> Hot Wire 07 <input type="checkbox"/> Slim Jim/Coat Hanger 08 <input type="checkbox"/> Tumblers Removed 09 <input type="checkbox"/> Column Peeled 10 <input type="checkbox"/> Ignition Peeled	ENTRY	EXIT	ENTRY	EXIT	
*NO. PREMISES ENTERED			1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> 1 <sup>ST</sup> FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2 <sup>ND</sup> FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/>	1 <input type="checkbox"/> DOOR <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 3 <input type="checkbox"/> GARAGE <input type="checkbox"/> 4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>	1 <input type="checkbox"/> FRONT <input type="checkbox"/> 2 <input type="checkbox"/> SIDE <input type="checkbox"/> 3 <input type="checkbox"/> REAR <input type="checkbox"/> 4 <input type="checkbox"/> ROOF <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>		

*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	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY	HGT	WGT	HAIR	EYES	
OCCUPATION			SSN	*RESIDENT STATUS 1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST		3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT	5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> UNKNOWN		
*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									
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	<input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> SUSPECT/ARRESTEE	<input type="checkbox"/> PROPERTY <input type="checkbox"/> NARRATIVE
	<input type="checkbox"/> STATEMENTS <input type="checkbox"/> OTHER	FORM RECEIVED BY: <input type="checkbox"/> INVESTIGATION
	<input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> RECORDS	SPECIAL COPIES

INCIDENT NUMBER