

ADMINISTRATIVE	AGENCY NAME 1				*INCIDENT NUMBER 2																														
	CALL NUMBER 3		*GEOCODE 4		*CLEARANCES																														
	TOD 5		<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> OFFENSE 8 <input type="checkbox"/> SUPPLEMENT		A <input type="checkbox"/> Death of Suspect		G <input type="checkbox"/> Arrest – Juvenile																												
	TOA 6				B <input type="checkbox"/> Prosecution Declined		H <input type="checkbox"/> Warrant Issued																												
	TOC 7				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																													
OHIO UNIFORM INCIDENT REPORT								*CLEARANCE DATE: 10		CLEARED BY: 11																									
MONTH			*REPORT DATE/TIME DAY YEAR			MONTH			*INCIDENT OCCURRED FROM DAY YEAR			MONTH			*INCIDENT OCCURRED TO DAY YEAR																				
12			13			14			15			16			17			18			19			20			21			22			23		
INCIDENT LOCATION (Street, Apt., City, State, Zip) 24																																			

OFFENSE	*OFFENSE		*OFFENSE CODE		*A/C		F/M & DEGREE		*HATE/BIAS		*LARCENY		*TYPE CRIMINAL ACTIVITY																												
	1. 1		1. 2		3		4		5		6		(Enter up to three for each offense) 1. ____ 2. ____ 3. ____ 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																												
	2.		2.										1. ____ 2. ____ 3. ____ 7																												
	3.		3.										1. ____ 2. ____ 3. ____																												
	4.		4.										1. ____ 2. ____ 3. ____																												
5.		5.										1. ____ 2. ____ 3. ____																													
*LOCATION OF OFFENSE (Enter up to two)																																									
1. ____ 2. ____ RESIDENTIAL STRUCTURE 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 67 Library 10 Church 11 Hospital												12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings 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 Recreation/Entertainment Center 54 Amusement Park 24 Rental Storage Facility 25 Other Commercial Service Loc. 56 ATM Machine Separate from Bank						59 Daycare Facility 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 23 Recreation/Entertainment Center 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 57 Camp/Campground 64 Rest Area						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					
												A <input type="checkbox"/> ALCOHOL						D <input type="checkbox"/> DRUGS 9						C <input type="checkbox"/> COMPUTER EQUIPMENT						N <input type="checkbox"/> NOT APPLICABLE											
																														*TYPE WEAPON/FORCE USED											
																														1. ____ 2. ____ 3. ____ 10											
*METHOD OF ENTRY						*METHOD OF ENTRY – MOTOR VEHICLE THEFT						*METHOD OF ENTRY – BURGLARY/B&E																													
11 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 1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/>				ENTRY EXIT 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"/>				ENTRY EXIT 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"/>				14											
*NO. PREMISES ENTERED						13						14																													
12																																									
METHODS OF OPERATION 15																																									
*CARGO THEFT 16 → Y <input type="checkbox"/> N <input type="checkbox"/>																																									

VICTIM	*NO. 1		*TOTAL VICTIMS 2		*VICTIM TYPE 3		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) 4																		PHONE 6				
	ADDRESS (Street, Apt., City, State, Zip) 5																		PHONE 8				
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) 7																		PHONE 8				
	*AGE/ D.O.B. 9		*SEX 10		*RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U 11		ETHNICITY 12		HGT 13		WGT 14		HAIR 15		EYES 16								
OCCUPATION 17						SSN 18						*RESIDENT STATUS 19 1 <input type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER		2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN									
*VICTIM INJURED? 20 Y <input type="checkbox"/> N <input type="checkbox"/>		IF INJURED, DESCRIBE INJURIES: 21																					
*AGG. ASSAULT/HOMICIDE CIRC. 22		*LEOKA INFORMATION				*VICTIM/SUSPECT RELATIONSHIP 26						*VICTIM/OFFENSE LINK 27											
		TYPE OF ACT. 23		ASSIGN. TYPE 24		ORI – OTHER 25		0. ____ 1. ____ 2. ____ 3. ____ 4. ____ 5. ____															
My signature verifies that the information on this report is accurate and true 28																							
DATE 29																							
REPORTING OFFICER 1												BADGE NO. 2		DATE 3									
APPROVING OFFICER 4												BADGE NO. 5		DATE 6									
FOLLOW-UP? 7 Y <input type="checkbox"/> N <input type="checkbox"/>		If yes, follow-up Assignment: 8																					
ADDITIONAL SUPPLEMENTS 9		VICTIM/WITNESS <input type="checkbox"/>		PROPERTY <input type="checkbox"/>		STATEMENTS <input type="checkbox"/>		FORM RECEIVED BY: <input type="checkbox"/>		INTELLIGENCE <input type="checkbox"/>		SPECIAL COPIES 11		SUSPECT/ARRESTEE <input type="checkbox"/>		NARRATIVE <input type="checkbox"/>		OTHER <input type="checkbox"/>		INVESTIGATION <input type="checkbox"/>		RECORDS <input type="checkbox"/>	

INCIDENT NUMBER