VICTIM/WITNESS SUPPLEMENT

INCIDENT NUMBER

VICTIM	OFFENSE	INCIDENT DATE AND TIME

VICTIM

*NO.	*TOTAL VICTIMS	*VICTIM TYPE	I ☐ INDIVIDUAL B ☐ BUSINESS	F ☐ FINANCIAL INSTITUTION G ☐ GOVERNMENT	P ☐ POLICE OFFICER (IN THE LINE OF DUTY) R ☐ RELIGIOUS ORGANIZATION	S ☐ SOCIETY U ☐ UNKNOWN	O ☐ 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 ☐ B ☐ W	☐ A ☐ I ☐ U	ETHNICITY	HGT	WGT	HAIR	EYES

OCCUPATION	SSN	*RESIDENT STATUS	1 ☐ RESIDENT 2 ☐ TOURIST	3 ☐ MILITARY 4 ☐ STUDENT	5 ☐ OTHER U ☐ UNKNOWN

*VICTIM INJURED? ☐Y ☐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_____

VICTIM

*NO.	*TOTAL VICTIMS	*VICTIM TYPE	I ☐ INDIVIDUAL B ☐ BUSINESS	F ☐ FINANCIAL INSTITUTION G ☐ GOVERNMENT	P ☐ POLICE OFFICER (IN THE LINE OF DUTY) R ☐ RELIGIOUS ORGANIZATION	S ☐ SOCIETY U ☐ UNKNOWN	O ☐ 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 ☐ B ☐ W	☐ A ☐ I ☐ U	ETHNICITY	HGT	WGT	HAIR	EYES

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	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_____

WITNESS

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 ☐Y ☐N   TYPE: ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER

WITNESS

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 ☐Y ☐N   TYPE: ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER

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NO.	NAME (Last, First, Middle)	AGE/ D.O.B.	SSN

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EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	PHONE

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WITNESS

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 ☐Y ☐N   TYPE: ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER

REPORTING OFFICER	BADGE NO.	DATE

APPROVING OFFICER	BADGE NO.	DATE

11/2005