

# INCIDENT REPORT – PART 2

INCIDENT NUMBER

VICTIM OFFENSE INCIDENT DATE AND TIME

<b>REPORTEE</b>	NO. <b>1</b>	NAME (Last, First, Middle) <b>2</b>	AGE/ D.O.B. <b>3</b>	SSN <b>4</b>
	ADDRESS (Street, Apt., City, State, Zip) <b>5</b>			PHONE <b>6</b>
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) <b>7</b>			PHONE <b>8</b>
	STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N <b>9</b> TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER <b>10</b>			

<b>VEHICLE</b>	CHECK CATEGORIES <input type="checkbox"/> 1 <input type="checkbox"/> STOLEN <input type="checkbox"/> 2 <input type="checkbox"/> RECOVERED <input type="checkbox"/> 3 <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> 4 <input type="checkbox"/> RECEIVED <input type="checkbox"/> 5 SUSPECT'S VEHICLE <input type="checkbox"/> 6 VICTIM'S VEHICLE <input type="checkbox"/> 7 UNAUTHORIZED USE <input type="checkbox"/> 8 ABANDONED												
	NO. <b>2</b>	<input type="checkbox"/> 3 DAMAGE TO VEHICLE <input type="checkbox"/> 3 THEFT FROM VEHICLE	LIC <b>4</b>	LIS <b>5</b>	LIY <b>6</b>	LIT <b>7</b>	VIN/OAN <b>8</b>	*VALUE <b>9</b>					
	VYR <b>10</b>	VMA <b>11</b>	VMO <b>12</b>	VST <b>13</b>	VCO TOP <b>14</b>	VCO BOTTOM	VEHICLE LOCKED <input type="checkbox"/> 15 <input type="checkbox"/> Y <input type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> 16 <input type="checkbox"/> Y <input type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> 17 <input type="checkbox"/> Y <input type="checkbox"/> N	RELEASE CONTENTS <input type="checkbox"/> 18 <input type="checkbox"/> Y <input type="checkbox"/> N			
	VEHICLE ASSOC. W/ SUSPECT NO. <b>19</b>	VEHICLE ASSOC. W/ VICTIM NO. <b>20</b>	VEHICLE TOWED? <input type="checkbox"/> 21 <input type="checkbox"/> Y <input type="checkbox"/> N	TOWED BY <b>22</b>	OWNERSHIP VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> TITLE <input type="checkbox"/> OTHER <b>23</b>								
	STOLEN MOTOR VEHICLE ONLY	NO. STOLEN <b>24</b>	AREA STOLEN <input type="checkbox"/> BUSINESS <b>25</b>	RESID. <input type="checkbox"/> RURAL	ADDITIONAL DESCRIPTION <b>26</b>								
	AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip) <b>27</b>			PHONE <b>28</b>									

<b>PROPERTY</b>	*TYPE PROPERTY LOSS/ETC. (enter codes below) 1 NONE 2 BURNED 3 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ETC. 6 SEIZED 7 RECOVERED 8 UNKNOWN P PHOTO E EVIDENCE										TOTAL VALUE <b>1</b>	
	*LOSS CODE <b>2</b>	QUANTITY <b>3</b>	DESCRIPTION <b>4</b>						*PROP CODE <b>5</b>	*VALUE <b>6</b>		
	VICT. NO. <b>7</b>	VEH. NO. <b>8</b>	MAKE/BRAND <b>9</b>				MODEL <b>10</b>		DATE RECOVERED <b>11</b>			
		SERIAL NUMBER <b>12</b>		NCIC NUMBER <b>13</b>		OTHER NUMBER <b>14</b>						
	*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		

  

<b>PROPERTY CODES:</b>	<b>VALUABLES</b> 08 Jewelry/Precious Metals 09 Art Objects, Antiques 10 Other Valuables	<b>EQUIPMENT</b> 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.	<b>26 Tools</b> 27 Vehicle Parts/Accessories 28 School Supplies 29 Other Equipment <b>CONSUMABLE ITEMS</b> 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods <b>ANIMALS</b> 33 Livestock 34 Household Pets	<b>VEHICLES</b> 35 Aircraft 36 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Vehicle 43 Other Motor Vehicle <b>WEAPONS</b> 44 Firearms 45 Other Weapons	<b>STRUCTURES</b> 46 Single Occupancy 47 Other Dwellings 48 Commercial/Business 49 Indus./Mfg. 50 Public/Community 51 Storage 52 Other Structure <b>OTHER</b> 53 Merchandise 54 Other Property 55 Pending Inventory
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<b>NARRATIVE</b>	