

[Empty box]

ORI #  Incident #  CAD #

Incident Date  Incident Time  Incident Date is:

Address #  Street Name  Apt/Suite #

City  State  Zip Code  Zone

Latitude  Longitude  Officer

Arrival Date  Arrival Time  Cleared by:

Exceptional Clearance  Ex. Clearance Date

### Offense #1

NIBRS Offense Code

Location

Offense Status

Offender Suspected of Using: (check all that apply)

N/A  Alcohol  Drugs  Computer Equipment

**Weapons:** (Check up to three)  
Automatic? Check Box if yes

Firearm-Type Unk

Handgun

Rifle

Shotgun

Other Firearm

Knife/Cutting Instrument

Blunt Object

Motor Vehicle

Personal Weapons

Poison

Explosives

Fire/Incendiary Device

Drugs/Narcotics/Sleeping Pills

Asphyxiation

Other

Unknown

None

**Criminal Activity** (check up to three) Required for 720

Simple/Gross (A)

Intentional Abuse and Torture (I)

Organized (F)

Animal Sexual Abuse (S)

## Offense #1 (continued)

Gang Involvement?

Type of Gang Involvement?

1<sup>st</sup> Gang Name?

2<sup>nd</sup> Gang Name?

1<sup>st</sup> Gang Type

2<sup>nd</sup> Gang Type

## Offense #2

NIBRS Offense Code

Location

Offense Status

Offender Suspected of Using: (check all that apply)

N/A  Alcohol  Drugs  Computer Equipment

**Weapons:** (Check up to three)

Automatic? Check Box if yes

**Criminal Activity** (check up to three) Required for 720

Firearm-Type Unk

Poison

Simple/Gross (A)

Handgun

Explosives

Intentional Abuse and Torture (I)

Rifle

Fire/Incendiary Device

Organized (F)

Shotgun

Drugs/Narcotics/Sleeping Pills

Animal Sexual Abuse (S)

Other Firearm

Asphyxiation

Knife/Cutting Instrument

Other

Blunt Object

Unknown

Motor Vehicle

None

Personal Weapons

Gang Involvement?

Type of Gang Involvement?

1<sup>st</sup> Gang Name?

2<sup>nd</sup> Gang Name?

1<sup>st</sup> Gang Type

2<sup>nd</sup> Gang Type

## Property

Not Applicable

# Offender/Arrestee #1

Arrested  State Control #  DOB  Age Range

Sex  Race  Ethnicity  Resident Status

First Name  Middle Name  Last Name

1<sup>st</sup> Alias  2<sup>nd</sup> Alias

Address #  Street Name  Apt./Suite #

City  State  Zip Code  Phone #

SSN  Driver License /OLN #  State

Height (FT)  (IN)  Weight  Eye Color  Hair Color

Glasses  Build  Occupation

Employer/School  Address

1<sup>st</sup> SMT  2<sup>nd</sup> SMT

3<sup>rd</sup> SMT  4<sup>th</sup> SMT

Clothing Description

NIBRS Arrest Offense  Arrest Date  Type of Arrest

Arrest Transaction #  State Statute

Arrestee Armed with at Time of Arrest:  Automatic? Check Box if yes Statute Offense

Handgun   Unarmed Juvenile Disposition

Rifle   Knife/Cutting Instrument Warrant Signed By

Shotgun   Club, Blackjack, Brass Knuckles

Other Firearm  Multiple Clearance Data

Firearm – Type  Unknown

## Offender/Arrestee #2

Arrested	<input type="text"/>	State Control #	<input type="text"/>	DOB	<input type="text"/>	Age Range	<input type="text"/>	
Sex	<input type="text"/>	Race	<input type="text"/>	Ethnicity	<input type="text"/>	Resident Status	<input type="text"/>	
First Name	<input type="text"/>	Middle Name	<input type="text"/>	Last Name	<input type="text"/>			
1 <sup>st</sup> Alias	<input type="text"/>			2 <sup>nd</sup> Alias	<input type="text"/>			
Address #	<input type="text"/>	Street Name	<input type="text"/>		Apt./Suite #	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	Phone #	<input type="text"/>	
SSN	<input type="text"/>	Driver License /OLN #	<input type="text"/>		State	<input type="text"/>		
Height (FT)	<input type="text"/>	(IN)	<input type="text"/>	Weight	<input type="text"/>	Eye Color	<input type="text"/>	
						Hair Color	<input type="text"/>	
Glasses	<input type="text"/>	Build	<input type="text"/>	Occupation	<input type="text"/>			
Employer/School	<input type="text"/>			Address	<input type="text"/>			
1 <sup>st</sup> SMT	<input type="text"/>			2 <sup>nd</sup> SMT	<input type="text"/>			
3 <sup>rd</sup> SMT	<input type="text"/>			4 <sup>th</sup> SMT	<input type="text"/>			
Clothing Description	<input type="text"/>							
NIBRS Arrest Offense	<input type="text"/>	Arrest Date	<input type="text"/>	Type of Arrest	<input type="text"/>			
Arrest Transaction #	<input type="text"/>			State Statute	<input type="text"/>			
Arrestee Armed with at Time of Arrest: (Check up to two)    Automatic? Check Box if yes				Statute Offense	<input type="text"/>			
<input type="checkbox"/> Handgun	<input type="checkbox"/>	<input type="checkbox"/> Unarmed	Juvenile Disposition					<input type="text"/>
<input type="checkbox"/> Rifle	<input type="checkbox"/>	<input type="checkbox"/> Knife/Cutting Instrument	Warrant Signed By					<input type="text"/>
<input type="checkbox"/> Shotgun	<input type="checkbox"/>	<input type="checkbox"/> Club, Blackjack, Brass Knuckles						
<input type="checkbox"/> Other Firearm	<input type="checkbox"/>	Multiple Clearance Data	<input type="text"/>					
<input type="checkbox"/> Firearm – Type Unknown	<input type="checkbox"/>							

## ***Victim #1***

Offense #1

Offense #2

Offense #3

Offense #4

Victim Type

## ***Complainant***

First Name  Middle Name  Last Name

Address #  Street Name  Apt./Suite #

City  State  Zip Code  Phone #

Alt. Phone #

Employer

Address #  Street Name

City  State  Zip Code  Phone #

## ***Witness #1***

First Name  Middle Name  Last Name

Address #  Street Name  Apt./Suite #

City  State  Zip Code  Phone #

Alt. Phone #

Employer

Address #  Street Name

City  State  Zip Code  Phone #

## Witness #2

First Name  Middle Name  Last Name

Address #  Street Name  Apt./Suite #

City  State  Zip Code  Phone #

Alt. Phone #

Employer

Address #  Street Name

City  State  Zip Code  Phone #

***Narrative***

A large, empty rectangular box with a thin black border, occupying most of the page below the header. It is intended for the user to write a narrative.