

[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 [Animal Cruelty (720)]

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

- | | | | |
|---|--------------------------|---|--|
| <input type="checkbox"/> Firearm-Type Unk | <input type="checkbox"/> | <input type="checkbox"/> Poison | <input type="checkbox"/> Simple/Gross (A) |
| <input type="checkbox"/> Handgun | <input type="checkbox"/> | <input type="checkbox"/> Explosives | <input type="checkbox"/> Intentional Abuse and Torture (I) |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> | <input type="checkbox"/> Fire/Incendiary Device | <input type="checkbox"/> Organized (F) |
| <input type="checkbox"/> Shotgun | <input type="checkbox"/> | <input type="checkbox"/> Drugs/Narcotics/Sleeping Pills | <input type="checkbox"/> Animal Sexual Abuse (S) |
| <input type="checkbox"/> Other Firearm | <input type="checkbox"/> | <input type="checkbox"/> Asphyxiation | |
| <input type="checkbox"/> Knife/Cutting Instrument | <input type="checkbox"/> | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Blunt Object | <input type="checkbox"/> | <input type="checkbox"/> Unknown | |
| <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> | <input type="checkbox"/> None | |
| <input type="checkbox"/> Personal Weapons | | | |

Offense #1 (continued)

Gang Involvement? Type of Gang Involvement?
1st Gang Name? 2nd Gang Name?
1st Gang Type 2nd 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

- | | | | |
|---|--------------------------|---|--|
| <input type="checkbox"/> Firearm-Type Unk | <input type="checkbox"/> | <input type="checkbox"/> Poison | <input type="checkbox"/> Simple/Gross (A) |
| <input type="checkbox"/> Handgun | <input type="checkbox"/> | <input type="checkbox"/> Explosives | <input type="checkbox"/> Intentional Abuse and Torture (I) |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> | <input type="checkbox"/> Fire/Incendiary Device | <input type="checkbox"/> Organized (F) |
| <input type="checkbox"/> Shotgun | <input type="checkbox"/> | <input type="checkbox"/> Drugs/Narcotics/Sleeping Pills | <input type="checkbox"/> Animal Sexual Abuse (S) |
| <input type="checkbox"/> Other Firearm | <input type="checkbox"/> | <input type="checkbox"/> Asphyxiation | |
| <input type="checkbox"/> Knife/Cutting Instrument | <input type="checkbox"/> | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Blunt Object | <input type="checkbox"/> | <input type="checkbox"/> Unknown | |
| <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> | <input type="checkbox"/> None | |
| <input type="checkbox"/> Personal Weapons | | | |

Gang Involvement? Type of Gang Involvement?
1st Gang Name? 2nd Gang Name?
1st Gang Type 2nd 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

1st Alias 2nd 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

1st SMT 2nd SMT

3rd SMT 4th SMT

Clothing Description

NIBRS Arrest Offense **Arrest Date** **Type of Arrest**

Arrest Transaction # State Statute

Arrestee Armed with at Time of Arrest: Statute Offense

(Check up to two) Automatic? Check Box if yes

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 st Alias	<input type="text"/>			2 nd 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 st SMT	<input type="text"/>			2 nd SMT	<input type="text"/>			
3 rd SMT	<input type="text"/>			4 th 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 their narrative.