

OFFENSE/INCIDENT REPORT					1. TYPE						
INSTRUCTIONS ARE PRINTED SEPARATELY. IF ADDITIONAL SPACE IS NEEDED, USE REVERSE OF FORM; IDENTIFY ITEMS.					<input type="checkbox"/> a. ORIGINAL <input type="checkbox"/> b. CONTINUATION <input type="checkbox"/> c. SUPPLEMENT OR FOLLOWUP						
2. CODE NO.	2a. SORT	3. TYPE OF OFFENSE OR INCIDENT			4. CASE CONTROL NUMBER						
5. BUILDING NUMBER		6. ADDRESS									
7. NAME OF AGENCY/BUREAU		8. AGENCY/BUREAU CODE	9. SPECIFIC LOCATION			10. LOCATION CODE					
11a. DATE OF OFFENSE/INCIDENT		11a. TIME OF OFFENSE/INCIDENT		12. DAY	13a. DATE REPORTED		13b. TIME REPORTED		14. DAY		
15. JURISDICTION (X)					16. NO. OF DEMONSTRATORS		17. NO. EVACUATED		a. TIME START	b. TIME END	
<input type="checkbox"/> EXCLUSIVE <input type="checkbox"/> CONCURRENT <input type="checkbox"/> PARTIAL <input type="checkbox"/> PROPRIETARY											
18. PERSONS INVOLVED	ID CODE (a)	NAME AND ADDRESS (b)				AGE (c)	SEX (d)	RACE (e)	INJURY CODE (f)	TELEPHONE (g)	
		Last Name, First, Middle Initial								HOME	
		Number, Street, Apt. No., City and State								BUSINESS	
		Last Name, First, Middle Initial								HOME	
	Number, Street, Apt. No., City and State								BUSINESS		
19. VEHICLE	a. STATUS		b. YEAR	c. MAKE		d. MODEL	e. COLOR (Top/Bottom)		f. IDENTIFYING CHARACTERISTICS		
	STOLEN	SUSPECT									
	GOV'T	PERSONAL	g. REGISTRATION	YEAR	STATE	TAG NO.	h. VIN		i. VALUE		
	VANDALIZED	RECOVERED									
20. ITEMS TAKEN	a. NAME OF ITEM			b. QUANTITY	c. OWNERSHIP		d. BRAND NAME				
					<input type="checkbox"/> GOV'T <input type="checkbox"/> PERSONAL						
	e. SERIAL NO.			f. COLOR			g. MODEL				
	h. VALUE		i. UNUSUAL OR UNIQUE FEATURES								
	j. PROPERTY WAS		k. STATUS OF PROPERTY					VALUE RECOVERED			
	<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED		<input type="checkbox"/> RECOVERED <input type="checkbox"/> MISSING <input type="checkbox"/> PARTIAL RECOVERY								
	l. NAME OF ITEM			m. QUANTITY	n. OWNERSHIP		o. BRAND NAME				
					<input type="checkbox"/> GOV'T <input type="checkbox"/> PERSONAL						
p. SERIAL NO.			q. COLOR			r. MODEL					
s. VALUE		t. UNUSUAL OR UNIQUE FEATURES									
u. PROPERTY WAS		v. STATUS OF PROPERTY					VALUE RECOVERED				
<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED		<input type="checkbox"/> RECOVERED <input type="checkbox"/> MISSING <input type="checkbox"/> PARTIAL RECOVERY									
21. NARRATIVE (If additional space is needed, use blank sheet and attach.)											

22. NOTIFICATION	TIME		23a. EVIDENCE	23b. TAG NO.	23c. TYPE
	NOTIFIED	ARRIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO		
a. Other Police Agency			23d. WHERE STORED		
b. Fire Department			24. ATTACHMENTS (Mark "X" where applicable)		
c. Ambulance			a. CONTINUATION SHEET		d. STATEMENT(S)
			b. GSA FORM 3157		e. SUPPLEMENTAL
d. Building Manager			c. PROPERTY RECEIPT(S)		
e. OTHER (Specify)			f. OTHER ATTACHMENTS (Specify)		

NOTE: Complete GSA Form 3157 where this is a Suspect, Att. Burglary, Burglary, Att. Robbery, Robbery, or a Weapon is used.

25. SUSPECT STATUS		26. DISPOSITION OF SUSPECT	
a. NOT IDENTIFIED		a. ARRESTED	b. NOT ARRESTED
b. GOVERNMENT EMPLOYEE		c. RELEASED	d. N/A
c. GOVERNMENT CONTRACT		d. CITATION ISSUED	CITATION NUMBER
d. NON-GOVERNMENT EMPLOYEE			
e. N/A			

27. TIME		28. REVIEWED BY	
a. RECEIVED	b. ARRIVED	a. TYPE	b. SIGNATURE
		<input type="checkbox"/> FPS	
c. RETURNED TO SERVICE		<input type="checkbox"/> GG	c. NAME (Printed)
29a. BADGE	29b. NAME (Printed)	29c. SIGNATURE	29d. DATE

30. CASE REFERRED TO			31. CASE		32. APPROVING OFFICIAL	
a. FPS DETECTIVE	b. LOCAL POLICE	c. STATE POLICE	a. OPEN	a. SIGNATURE	b. DATE	
d. FBI	e. IG	f. N/A	b. CLOSED	c. NAME (Printed)		
g. OTHER (Specify)			c. UNFOUNDED			
33. DETECTIVE STATUS						
a. CASE NUMBER	b. HOW CLOSED	c. SUSPECT		d. ENTERED NCIC		
	<input type="checkbox"/> INACTIVE <input type="checkbox"/> ARREST <input type="checkbox"/> OTHER MEANS	<input type="checkbox"/> DEVELOPED <input type="checkbox"/> ARRESTED		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<input type="checkbox"/> e. PROPERTY RECOVERED	f. VALUE OF PROPERTY	g. CLEARED NCIC		h. REFERRED TO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		i. DATE REFERRAL ACCEPTED		

21. NARRATIVE (If additional space is needed, use blank sheet and attach.)