

ADMINISTRATIVE

1. ORI # TNO 450000		LOCATION					
2. INCIDENT #		REPORTING OFFICER			BADGE #		ID #
REPORT TYPE <input type="checkbox"/> INITIAL REPORT <input type="checkbox"/> SUPPLEMENT	SUPPLEMENTS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT OCCURRENCE RANGE	5 DATE From _____ To _____	6 TIME From _____ To _____	DAY OF WEEK From _____ To _____	TODAY'S DATE	ZONE _____ GRID _____
INCIDENT STATUS <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> CLEARED EXCEPTIONALLY			3 EXCEPTIONAL CLEARANCE DATE _____ A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DECLINED		4. TIME DISPATCHED ARRIVAL TIME _____ TIME CLEAR _____		
		D <input type="checkbox"/> REFUSED TO COOPERATE E <input type="checkbox"/> JUVENILE NO CUSTODY N <input type="checkbox"/> NOT APPLICABLE					

FOLLOW - UP STATUS

<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> CLOSED	CASE PRIORITY	DATE DUE	ASSIGNED TO	AUTHORITY	DATE
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OFFENSE

7 UCR OFFENSE CODE	OFFENSE	RELATED OFFENSE	OFFENSE RELATED TO TCA # WARRANT #	TCA
1				
2				

8(*) BIAS MOTIVATION CODE 1(_____) 2(_____)	9(*) LOCATION OF OFFENSE 1(_____) 2(_____)	10(*) TYPE OF RESIDENCE 1(_____) 2(_____)
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11 OFFENSE STATUS 1 A <input type="checkbox"/> ATTEMPTED C <input type="checkbox"/> COMPLETED 2 A <input type="checkbox"/> ATTEMPTED C <input type="checkbox"/> COMPLETED		12 OFFENDER USED (CHECK AS MANY AS APPLY) 1 A <input type="checkbox"/> ALCOHOL C <input type="checkbox"/> COMPUTER EQUIPMENT D <input type="checkbox"/> DRUGS N <input type="checkbox"/> NOT APPLICABLE 2 A <input type="checkbox"/> ALCOHOL C <input type="checkbox"/> COMPUTER EQUIPMENT D <input type="checkbox"/> DRUGS N <input type="checkbox"/> NOT APPLICABLE			
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13 (*) TYPE OF CRIMINAL ACTIVITY 1 _____ 2 _____	14 (*) WHERE WERE THE ACTS INVOLVED? 1 _____ 2 _____	15 (*) ALARM WAS 1 _____ 2 _____	16 (*) POINT OF ENTRY? 1 _____ 2 _____	17 (*) EVIDENCE AT SCENE 1 _____ 2 _____	WAS THERE A HOSTAGE INVOLVED 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO
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18 (*) TYPE OF WEAPON / FORCE INVOLVED (SUBMIT UP TO THREE) 1 _____ 2 _____	19 (*) INSTRUMENTS USED 1 _____ 2 _____
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20 (FOR BURGLARY ONLY) METHOD OF ENTRY 1 F <input type="checkbox"/> FORCIBLE N <input type="checkbox"/> NO FORCE 2 F <input type="checkbox"/> FORCIBLE N <input type="checkbox"/> NO FORCE	21 NUMBER OF PREMISED ENTERED 1 _____ 2 _____
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COMPLAINT / WITNESS

VICTIM NAME: _____ LAST, _____ FIRST, _____ MIDDLE RESIDENCE PHONE _____ DOB _____
ADDRESS _____ BUSINESS PHONE _____ SSN# _____
DL# _____ SEX _____ HAIR _____ EYES _____ HEIGHT _____ WEIGHT _____

COMPLAINANT
 WITNESS
 OFFICER NAME: _____ LAST, _____ FIRST, _____ MIDDLE RESIDENCE PHONE _____ DOB _____
ADDRESS _____ BUSINESS PHONE _____ SSN# _____
DL# _____ SEX _____ HAIR _____ EYES _____ HEIGHT _____ WEIGHT _____

COMPLAINANT
 WITNESS
 OFFICER NAME: _____ LAST, _____ FIRST, _____ MIDDLE RESIDENCE PHONE _____ DOB _____
ADDRESS _____ BUSINESS PHONE _____ SSN# _____
DL# _____ SEX _____ HAIR _____ EYES _____ HEIGHT _____ WEIGHT _____

VICTIM

22 OFFENSE(S) AGAINST VICTIM (UCR CODE(S))		VICTIM #1 NAME (LAST, FIRST, MIDDLE)		(H) PHONE		<input type="checkbox"/> STATEMENT	
ADDRESS (STREET, CITY, STATE, ZIP)							
23 (*) TYPE OF VICTIM		EMPLOYMENT		WORKPHONE		DATE OF BIRTH	
		50 AGE		SS#			
24 OFFENSE(S) AGAINST VICTIM (UCR CODE(S))		VICTIM #2 NAME (LAST, FIRST, MIDDLE)		(H) PHONE		<input type="checkbox"/> STATEMENT	
ADDRESS (STREET, CITY, STATE, ZIP)							
23 (*) TYPE OF VICTIM		EMPLOYMENT		WORKPHONE		DATE OF BIRTH	
		50 AGE		SS#			
24 SEX		26 HISPANIC		27 RESIDENT		WAS THE VICTIM AN OFFICER	
1		1		1		1	
2		2		2		2	
25 (*) RACE		NON-HISPANIC		NON-RESIDENT		YES	
1		1		1		1	
2		2		2		2	
		UNKNOWN		UNKNOWN		NO	
29 (*) INJURY TYPE (SUBMIT UP TO 5)		1 AGGRAVATED ASSAULT / HOMICIDE		31 IF YES ON #28, LIST NAME OF COLLEGE/UNIVERSITY/ SCHOOL		IF COLLEGE:	
		2 NEGLIGENT		#1 _____		STUDENT <input type="checkbox"/>	
		3 JUSTIFIABLE HOMICIDE & ADDITIONAL JUSTIFIABLE HOMICIDE IF APPLICABLE		#2 _____		FACULTY/STAFF <input type="checkbox"/>	
1		30-A(*) AGGRAVATED ASSAULT / HOMICIDE CIRCUMSTANCES				SECURITY <input type="checkbox"/>	
2		#1 _____				OTHER <input type="checkbox"/>	
		#2 _____					
IS THE VICTIM ALSO THE COMPLAINANT		30-B(*) NEGLIGENT MANSLAUGHTER (SUBMIT ONE)		ADDITIONAL JUSTIFIABLE HOMICIDE (CHECK ONE IF ITEM 30C IS CHECKED)			
1		#1 _____ #2 _____		1 2			
YES		4 JUSTIFIABLE HOMICIDE (SUBMIT ONE)		<input type="checkbox"/> A ATTACKED POLICE OFFICER AND THAT OFFICER KILLED CRIMINAL			
NO		30 C CRIMINAL KILLED BY PRIVATE CITIZEN		<input type="checkbox"/> B ATTACKED FELLOW OFFICER AND THAT OFFICER KILLED CRIMINAL			
		#1 _____		<input type="checkbox"/> C ATTACKED CIVILIAN			
32 DID THE OFFENSE OCCUR ON CAMPUS		30 D CRIMINAL KILLED BY POLICE OFFICER		<input type="checkbox"/> D ATTEMPTED FLIGHT FROM A CRIME			
1		#2 _____		<input type="checkbox"/> E KILLED IN THE COMMISSION OF A CRIME			
YES				<input type="checkbox"/> F RESISTED ARREST			
NO				<input type="checkbox"/> G UNABLE TO DETERMINE / NOT ENOUGH INFORMATION			
33 DOMESTIC VIOLENCE							
1							
YES							
NO							

LEOKA

35 TIME OF ASSAULT	36 (*) TYPE OF VEHICLE	37(*) OFFICER ON ASSIGNMENT	38 TYPE OF LEOKA
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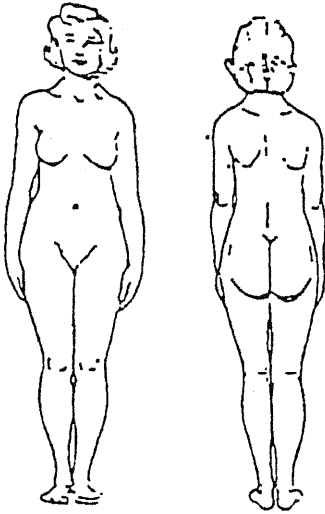
SUSPECT INFORMATION # OF OFFENDERS

OFFENDER#	ARREST #	ARRESTED YES _____ 41 TYPE _____	SUBJECT WAS ARMED WITH (ALSO ENTER "A" IF AUTOMATIC WEAPON) _____
40 NAME (LAST)	(FIRST)	(MIDDLE)	AKA
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)			
HM _____	TEL# _____		
WK _____	TEL# _____		
SEX	RACE	DOB	ETHNICITY
HAIR	EYES	AGE	WEIGHT
SCARS AND OTHER IDENTITIES		CLOTHING	
SS#	OLN#	ST	PHOTO#
OTHER			
OFFENDER#	ARREST #	ARRESTED YES _____ 41 TYPE _____	SUBJECT WAS ARMED WITH (ALSO ENTER "A" IF AUTOMATIC WEAPON) _____
40 NAME (LAST)	(FIRST)	(MIDDLE)	AKA
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)			
HM _____	TEL# _____		
WK _____	TEL# _____		
SEX	RACE	DOB	ETHNICITY
HAIR	EYES	AGE	WEIGHT
SCARS AND OTHER IDENTITIES		CLOTHING	
SS#	OLN#	ST	PHOTO#
OTHER			

DOMESTIC VIOLENCE CHECK LIST AND BODY DIAGRAM

Identify all sites of injuries and complaints of pain

- Victim
- Suspect



- Victim's rights sheet given to victim.
 - Any and all weapons used in domestic violence assaults which are confiscated T.C.A. 36-3-620
- List confiscated weapons brief description:
-
-
-

- Arrest made by officer.
- Bond Release Notification filed.
- Private Prosecutor

Court Preparation

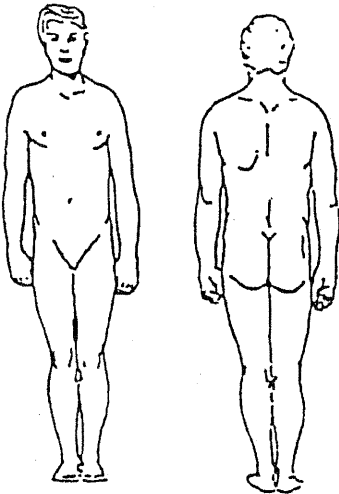
- Written and signed statement taken from suspect.
- Written and signed statement taken from victim.
- Written and signed statement taken from witnesses.
- Photographs taken of victim.
- Photographs taken of property damage.

Assistance requested from Victim/Witness Coordinator

- Photographs of victim 24-48 hours after assault.
 - E-911 tape of initial call.
 - Witness subpoenas
 - Victim subpoenas
- List subpoenas needed (name and address)
-
-

- Number of prior calls to this address.
- Victim needs referral to a shelter.

- Victim
- Suspect



SOLVABILITY FACTOR •• REPORTING OFFICER SHALL COMPLETE ••

- | | | |
|--|---|--|
| <input type="checkbox"/> ARREST MADE | <input type="checkbox"/> WITNESS TO CRIME | <input type="checkbox"/> SIGNIFICANT M. O (ADDRESS IN NARRATIVE) |
| <input type="checkbox"/> SUPPLEMENT(S) ATTACHED | <input type="checkbox"/> SUSPECT NAMED | <input type="checkbox"/> SUSPECT DESCRIBED |
| <input type="checkbox"/> SIGNIFICANT PHYSICAL EVIDENCE | <input type="checkbox"/> SUSPECT CAN BE LOCATED | <input type="checkbox"/> SUSPECT VEHICLE DESCRIBED |
| <input type="checkbox"/> SUSPECT CAN BE IDENTIFIED | <input type="checkbox"/> CAN CRIME BE SOLVED WITH REASONABLE FOLLOW-UP? | |
| <input type="checkbox"/> CRIME SCENE PROCESSED | <input type="checkbox"/> PATROL INVESTIGATION CONTINUING? | |

ADMONITION

THE INFORMATION CONTAINED IN THIS INCIDENT REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IT SHALL BE UNLAWFUL FOR ANY PERSON TO REPORT TO A LAW ENFORCEMENT OFFICER AN OFFENSE OR INCIDENT WITHIN THE OFFICER'S CONCERN, KNOWING THAT THE OFFENSE OR INCIDENT DID NOT OCCUR, OR KNOWING THE PERSON REPORTING HAS NO INFORMATION RELATING TO THE OFFENSE OR INCIDENT, OR KNOWING THE INFORMATION RELATING TO THE OFFENSE OF INCIDENT IS FALSE. (T.C.A. 39-16-502)

VIOLATION OF THIS SECTION SHALL BE A CLASS A MISDEMEANOR, WHICH CARRIES A JAIL SENTENCE OF NOT GREATER THAN 11 MONTHS AND 29 DAYS, A FINE NOT TO EXCEED \$2,500.00 OR BOTH.

COMPLAINT / VICTIM: _____

DATE AND TIME _____

REPORTING OFFICER _____ ID# _____ APPROVING SUPERVISOR _____ ID# _____