INCIDENT/INVESTIGATION REPORT

INCIDENT DATA

Agency Name

ORI NC

OCA

Date / Time Reported (S M T W T F S) Month Day Yr. Time Hrs.

#1 Crime / Incident(s) ☐ Attempt ☐ Complete At Found (S M T W T F S) Month Day Yr Time Hrs. Last Known Secure (S M T W T F S) Month Day Yr Time Hrs.

#2 Crime Incident ☐ Attempt ☐ Complete Location of Incident Offense Tract

#3 Crime Incident ☐ Attempt ☐ Complete Premise Type Victim Residence Type ☐ Single Family ☐ Multi Family

MO

How Attacked or Committed Forcible ☐ Yes ☐ No ☐ N/A Weapon / Tools

VICTIM

# of Victims Type: ☐ Person ☐ Business ☐ Society ☐ Government ☐ Financial Institute ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unk Injury: ☐ None ☐ Minor ☐ Loss of Teeth ☐ Broken Bones ☐ Severe Lacerations ☐ Internal ☐ Unconscious ☐ Other Major Drug/Alcohol Use: ☐ Yes ☐ Unknown ☐ No ☐ N/A

V1 Victim/Business Name (Last, First, Middle) Victim of Crime # DOB / Age Race Sex Relationship To Offender Resident Status ☐ Resident ☐ Non-Resident ☐ Unknown

Home Address Home Phone

Employer Name/Address Business Phone

VYR Make Model Style Color Lic/Lis Vin

OTHERS INVOLVED

CODES: V - Victim (Denote V2, V3) O - Owner (if other than victim) R - Reporting Person (if other than victim)

Type: ☐ Person ☐ Business ☐ Society ☐ Government ☐ Financial Institute ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown

Code Name (Last, First, Middle) Victim of Crime # DOB / Age Race Sex

Home Address Home Phone

Employer Name/Address Business Phone

Type: ☐ Person ☐ Business ☐ Society ☐ Government ☐ Financial Institute ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown

Code Name (Last, First, Middle) Victim of Crime # DOB / Age Race Sex

Home Address Home Phone

Employer Name/Address Business Phone

PROPERTY

Status Codes: L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found
(Check "OJ" column if recovered for other jurisdiction)

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number

Number of Vehicles Stolen Number Vehicles Recovered

ID

Officer Name ID# Officer Signature Supervisor Signature

STATUS

Complainant Signature

Case Status ☐ Further Investigation ☐ Inactive ☐ Closed/Cleared ☐ Closed/Leads Exhausted

Case Disposition: ☐ Unfounded ☐ Juvenile/No Custody ☐ Extradition Declined ☐ Cleared by Arrest ☐ Refuse to Cooperate ☐ Cleared by Arrest by Another Agency ☐ Death of Offender ☐ Prosecution Declined

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DRUGS

DCI	Status	Quantity	Type Measure	Suspected Type	Check up to 3 types of activity for each					
					Possess	Buy	Sale	Mfg.	Importing	Operating

OFFENDER

Offender Used
Alcohol/Drugs ☐ Yes ☐ Unk ☐ No ☐ N/A
Computer ☐ Yes ☐ Unk ☐ No ☐ N/A

Offender 1 Age: Race: Sex:
Offender 2 Age: Race: Sex:
Offender 3 Age: Race: Sex:
Offender 4 Age: Race: Sex:
Offender 5 Age: Race: Sex:
Offender 6 Age: Race: Sex:

Primary Offender Resident Status
☐ Resident
☐ Non-Resident
☐ Unknown

SUSPECT

Name (Last, First, Middle) | Alias or Nickname | Home Address

Occupation | Business Address

DOB / Age	Race	Sex	Height	Weight	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses

Scars, Marks, Tatoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)

Hat	Jacket	Shirt/Blouse	Tie/Scarf	Coat/Suit	Pants/Dress/Skirt	Socks	Shoes

Was Suspect Armed?	Type of Weapon	Direction of Travel	Mode of Travel

VYR	Make	Model	Style	Color	Lic/Lis	Vin

WITNESS

Name (last, first, middle)	DOB / Age	Race	Sex	OCA

Home Address	Home Phone	Employer	Phone

Suspect Hate / Bias Motivated: Yes ☐ No ☐

NARRATIVE

Narrative