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

☐ 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

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 [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)   Criminal Activity (check up to three) Required for 720
Automatic? Check Box if yes

[ ] 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? [_____]

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:
(Check up to two)   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 [   ] 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

Victim #1

Offense #1 [_____] Offense #2 [_____]

Offense #3 [_____] Offense #4 [_____]

Victim Type [Society]

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