

INCIDENT	1. Agency		2. Division/Precinct		New York State INCIDENT REPORT			3. ORI NY		4. <input type="checkbox"/> Orig <input type="checkbox"/> Supp		5. Case No.		6. Incident No.				
	7. Report Day		8. Date		9. Report Time		Occurred On/From: →		10. Day		11. Date		12. Time		Occurred To: →			
	16. Incident Type							17. Business Name					18. Weapon(s)				A.	
	19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.)										20. City, State, Zip (<input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> V)			21. Location Code		B.		
	22. OFF. NO.		LAW	SECTION	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE				CTS	23. No. of Victims		C.	
1																D.		
2																		
3																		
ASSOCIATED PERSONS	25. Person Type: CO = Complainant OT = Other PI = Person interviewed PR = Person Reporting WI = Witness NI = Not interviewed VI = Victim													26. Victim also complainant <input type="checkbox"/> Y <input type="checkbox"/> N		E.		
	TYPE/NO		NAME (LAST, FIRST, MIDDLE, TITLE)					Date of Birth			STREET NO., STREET NAME, BLDG. NO., APT. NO., CITY, STATE, ZIP					TELEPHONE NO.		F.
																		G.
																		H.
																		I.
VICTIM	27. Date of Birth		28. Age		29. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		30. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.			31. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		32. Handicap <input type="checkbox"/> Yes <input type="checkbox"/> No		33. Residence Status <input type="checkbox"/> Temp. Res. - Foreign Nat. <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Commuter <input type="checkbox"/> Military <input type="checkbox"/> Homeless <input type="checkbox"/> Unk.				J.
	34. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law <input type="checkbox"/> YES <input type="checkbox"/> NO													K.				
SUSPECT MISSING/ARRESTED PERSON	35. Type/No.		36. Name (Last, First, Middle)					37. Alias/Nickname/Maiden Name (Last, First, Middle)					38. Apparent Condition <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Unk. <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj / Ill <input type="checkbox"/> App Norm				L.	
	39. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip)										40. Phone No.		41. Social Security No. <input type="checkbox"/> Home <input type="checkbox"/> Work				M.	
	42. Date of Birth		43. Age		44. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		45. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.			46. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		47. Skin <input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk. <input type="checkbox"/> Medium <input type="checkbox"/> Other		48. Occupation			N.	
	49. Height		50. Weight		51. Hair		52. Eyes		53. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> Contacts <input type="checkbox"/> No		54. Build <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium		55. Employer/School		56. Address			
	57. Scars/Marks/Tattoos (Describe)								58. Misc.									
PROPERTY	59. Victim or Suspect No.	Property Status	Property Type	Quantity/Measure	Make or Drug Type	Model	Serial No.	Description				Value	1					
													2					
													3					
													4					
VEHICLE	60. Vehicle Status		61. License Plate No.			Full <input type="checkbox"/> Partial <input type="checkbox"/>		62. State	63. Exp. Yr.	64. Plate Type	65. Value		5					
	66. Veh. Yr.		67. Make		68. Model		69. Style		70. VIN.			6						
	71. Color(s)			72. Towed By: To:			73. Vehicle Notes					7						
NARRATIVE	74.													8				
														9				
														10				
														11				
														12				
														13				
ADMINISTRATIVE	75. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other					76. NYSIN Message No.			77. Complainant Signature					85.				
	78. Reporting Officer Signature (Include Rank)					79. ID No.			80. Supervisor's Signature (Include Rank)				81. ID No.	Page of				
	82. Status <input type="checkbox"/> Open <input type="checkbox"/> Closed (if Closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> Victim Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody <input type="checkbox"/> Arrest - Juv <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unk.						83. Status Date		84. Notified/TOT				Pages					

B
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