



Event Report

Metro Transit Police Department

ORI-DCMTP0000

Type of Report <input type="checkbox"/> Offense <input type="checkbox"/> Incident	MTPD CCN	Local Juris.	Local CCN
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Event Location

Street	Station Acronym	City	County	State	MTP District
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Date of Event (MMDDYYYY) From To		Time of Event (Military Time) From To		Date of Report	Time of Report
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Choose one category

Rail Station, Line or Right-of-Way (Choose color) <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Future Line	On Bus <input type="checkbox"/> On the street <input type="checkbox"/> In an Intersection	Property <input type="checkbox"/> Bus Yard <input type="checkbox"/> Rail Yard <input type="checkbox"/> Other Metro Property	Other <input type="checkbox"/> Bus Stop <input type="checkbox"/> Not WMATA Property
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Specific Location (Foot Bridge, Kiosk, Platform, Tracks Etc.)	For Burglary or B & E Only Entry Method: <input type="checkbox"/> Force <input type="checkbox"/> No Force	If Hotel Rule Applies, # Premises or Facilities Entered:
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Check one box that best describes the event location.

<input type="checkbox"/> Rail Station/Bus Station 01	<input type="checkbox"/> Construction Site 06	<input type="checkbox"/> Government/Public Bldgs. 11	<input type="checkbox"/> Lake/Waterway 16	<input type="checkbox"/> Restaurant 21
<input type="checkbox"/> Bank/Savings & Loan 02	<input type="checkbox"/> Convenience Store 07	<input type="checkbox"/> Grocery/Supermarket 12	<input type="checkbox"/> Liquor Store 17	<input type="checkbox"/> School/College 22
<input type="checkbox"/> Bar/Night Club 03	<input type="checkbox"/> Department/Discount Store 08	<input type="checkbox"/> Highway/Road/Alley 13	<input type="checkbox"/> Parking Lot/Garage 18	<input type="checkbox"/> Service/Gas Station 23
<input type="checkbox"/> Church/Synagogue/Temple 04	<input type="checkbox"/> Drug Store/Dr.'s Office or Hospital 09	<input type="checkbox"/> Hotel/Motel/Etc. 14	<input type="checkbox"/> Rental/Storage Facility 19	<input type="checkbox"/> Spclty Store (TV, Fur., etc.) 24
<input type="checkbox"/> Commercial/Office Building 05	<input type="checkbox"/> Field/Woods 10	<input type="checkbox"/> Jail/Prison 15	<input type="checkbox"/> Residence/Home 20	<input type="checkbox"/> Other/Unknown 25

Event Information

If Incident Use This Block	Offense # <input type="checkbox"/> Attempted <input type="checkbox"/> Completed	Offense # <input type="checkbox"/> Attempted <input type="checkbox"/> Completed	Offense # <input type="checkbox"/> Attempted <input type="checkbox"/> Completed	Offense # <input type="checkbox"/> Attempted <input type="checkbox"/> Completed
Incident Classification	Offense Classification	Offense Classification	Offense Classification	Offense Classification
Incident Description	Description	Description	Description	Description
Weapon/Force	Weapon/Force	Weapon/Force	Weapon/Force	Weapon/Force
Type of Activity	Type of Activity	Type of Activity	Type of Activity	Type of Activity

Insert Weapon/Force Codes and Type of Activity Codes in spaces above only if they apply to the offense being reported. Use up to three codes per offense.

Weapon or Force Used (Place 'A' after code if weapon was fully automatic.) 11 - Firearm (type not stated) 12 - Handgun 13 - Rifle 14 - Shotgun 15 - Other Firearm 20 - Knife/Cutting Instrument (axe, etc.) 30 - Blunt Object (club, etc.) 35 - Motor Vehicle (as weapon) 40 - Personal Weapons (hand, etc.)	50 - Poison 60 - Explosives 65 - Fire/Incendiary Device 70 - Narcotics/Drugs/Sleeping Pills 85 - Asphyxiation 90 - Other 95 - Unknown 99 - None	Type of Activity B - Buying/Receiving C - Cultivating/Manufacturing/Publishing D - Distributing/Selling E - Exploiting Children O - Operating/Promoting/Assisting P - Possessing/Concealing T - Transporting/Transmitting/Importing U - Using/Consuming J - Juvenile Gang G - Other Gang N - No Gang Note: Regarding Gang Activity, if the offense is a crime against a person, then insert no more than two gang activity codes per offense. For the other activity types, three entries are acceptable.
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Offender Suspected of Using: Alcohol A Drugs D Computer Equipment C N/A N Modus Operandi (MO):

Case Status Information

Case Status (Completed by the Supervisor who signs this report.): <input type="checkbox"/> Open O <input type="checkbox"/> Juvenile Arrest G <input type="checkbox"/> Closed B <input type="checkbox"/> Summons/Citation P <input type="checkbox"/> Adult Arrest D <input type="checkbox"/> Unfounded U	If Case Cleared Exceptionally, Check Reason: <input type="checkbox"/> Death of Offender A <input type="checkbox"/> Refused to Cooperate D <input type="checkbox"/> Prosecution Declined B <input type="checkbox"/> Juvenile, No Custody E <input type="checkbox"/> Extradition Denied C <input type="checkbox"/> Not Cleared Exceptionally N	Clearance Date MMDDYYYY
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Reporting Officer (Print)	Badge #	Second Officer (Print)	Badge #
Supervisor's Name (Print & Sign)	ID #	Teletype #	Investigator Notified ID #

Bias Motivation

Hate Crime Motivation: None 88 Unknown 99 (Check below only if objective facts indicate offender's criminal act was motivated by his or her bias.)

Racial Bias	Religious Bias	Ethnicity/National Origin Bias	Sexual Bias
<input type="checkbox"/> Anti-White 11	<input type="checkbox"/> Anti-Jewish 21	<input type="checkbox"/> Anti-Arab 31	<input type="checkbox"/> Anti-Male Homosexual 41
<input type="checkbox"/> Anti-Black 12	<input type="checkbox"/> Anti-Catholic 22	<input type="checkbox"/> Anti-Hispanic 32	<input type="checkbox"/> Anti-Female Homosexual 42
<input type="checkbox"/> Anti-American/Indian/Alaskan Native 13	<input type="checkbox"/> Anti-Protestant 23	<input type="checkbox"/> Anti-Other 33	<input type="checkbox"/> Anti-Homosexual (both) 43
<input type="checkbox"/> Anti-Asian/Pacific Islander 14	<input type="checkbox"/> Anti-Islamic (Moslem) 24		<input type="checkbox"/> Anti-Heterosexual 44
<input type="checkbox"/> Anti-Multi-Racial Group 15	<input type="checkbox"/> Anti-Other Religion 25	Disability Bias	<input type="checkbox"/> Anti-Bisexual 45
	<input type="checkbox"/> Anti-Multi-Religious Group 26	<input type="checkbox"/> Anti-Physical Disability 51	
	<input type="checkbox"/> Anti-Atheism/Agnosticism 27	<input type="checkbox"/> Anti-Mental Disability 52	

Victim Information

Victim Sequence #: Victim Assistance Provided Total Number of Victims: _____

Last Name: _____ First: _____ MI: _____ DOB: _____ Phone #: _____ E-Mail: _____

Home Address Street: _____ City: _____ Co.: _____ State: _____ Zip: _____ Work/School Address - Addl. Contact Info: _____ Additional Phone: _____

Age Of Victim

Known Age: _____ Or Range From: _____ To: _____ Or Under 24 Hrs. 1 - 6 Days Old 7 - 365 Days Old Over 98 Years Old Unknown

Sex	Race	Ethnicity	Resident Status
<input type="checkbox"/> Male M	<input type="checkbox"/> White W <input type="checkbox"/> American Indian /	<input type="checkbox"/> Hispanic H	<input type="checkbox"/> Resident R
<input type="checkbox"/> Female F	<input type="checkbox"/> Black B <input type="checkbox"/> Unknown U	<input type="checkbox"/> Non-Hispanic N	<input type="checkbox"/> Nonresident N
<input type="checkbox"/> Unknown U	<input type="checkbox"/> Asian A	<input type="checkbox"/> Unknown U	<input type="checkbox"/> Unknown U

Classification of Victim (Check only one.)

<input type="checkbox"/> Passenger P	<input type="checkbox"/> Other Worker K	<input type="checkbox"/> Individual I	<input type="checkbox"/> Government G	<input type="checkbox"/> Other O
<input type="checkbox"/> Employee E	<input type="checkbox"/> Transit Facility Occupant F	<input type="checkbox"/> Business B	<input type="checkbox"/> Religious R	<input type="checkbox"/> Unknown U
<input type="checkbox"/> Other O		<input type="checkbox"/> Financial F	<input type="checkbox"/> Society/Public S	

Type of Victim (Check only one.)

This Victim is Related to Which Offenses

<input type="checkbox"/> # 1	<input type="checkbox"/> # 4	<input type="checkbox"/> # 7	<input type="checkbox"/> # 10
<input type="checkbox"/> # 2	<input type="checkbox"/> # 5	<input type="checkbox"/> # 8	<input type="checkbox"/> Others
<input type="checkbox"/> # 3	<input type="checkbox"/> # 6	<input type="checkbox"/> # 9	

Check here if no suspect information is available at the time of this report.

Victim Relationship to Suspect/Arrestee (For multiple offenders, enter additional offender sequence number(s) in spaces.) Choose code from list below.

Offender # (Suspect)									
Relationship									

Spouse SE	Grandchild GC	Acquaintance AQ	Homosexual Rel. HH	Victim was Offender VO
Common-Law Spouse CS	In-Law IL	Friend FR	Ex-Spouse XS	Relationship Unknown RU
Parent PA	Stepparent SP	Neighbor NE	Employee EE	
Sibling SB	Stepchild SC	Babysitter (Baby) BE	Employer EA	
Child CH	Stepsibling SS	Boy/Girl Friend BG	Otherwise Known OK	
Grandparent GP	Other Family OF	Child of BG Above CF	Stranger ST	

Injury Type (Check up to five.):

<input type="checkbox"/> None N	<input type="checkbox"/> Minor Injury M	<input type="checkbox"/> District of Columbia DC	<input type="checkbox"/> Alexandria AL
<input type="checkbox"/> Broken Bones B	<input type="checkbox"/> Major Injury O	<input type="checkbox"/> Montgomery County MC	<input type="checkbox"/> Fairfax County FC
<input type="checkbox"/> Pass. InJ. Injuries I	<input type="checkbox"/> Loss of Teeth T	<input type="checkbox"/> Prince George's County PG	<input type="checkbox"/> Other OT
<input type="checkbox"/> Severe Laceration L	<input type="checkbox"/> Unconsciousness U	<input type="checkbox"/> Arlington County AR	

Responding Ambulance:

Taken Where

Admitted Released Refused

Aggravated Assault / Homicide Information

Aggravated Assault/Homicide Circumstances	Additional Justifiable Homicide Circumstances
<p>Aggravated Assault/Murder (Check up to two.):</p> <input type="checkbox"/> Argument 01 <input type="checkbox"/> Assault on Law Enforcement Officer 02 <input type="checkbox"/> Drug Dealing 03 <input type="checkbox"/> Gangland 04 <input type="checkbox"/> Juvenile Gang 05 <input type="checkbox"/> Lovers' Quarrel 06 <input type="checkbox"/> Mercy Killing 07 <input type="checkbox"/> Other Felony Involved 08 <input type="checkbox"/> Other Circumstances 09 <input type="checkbox"/> Unknown Circumstances 10	<p>Additional Justifiable Homicide Circumstances (Check only one.):</p> <input type="checkbox"/> Criminal Attacked Police Officer A <input type="checkbox"/> Criminal Attacked Fellow Police Officer B <input type="checkbox"/> Criminal Attacked Civilian C <input type="checkbox"/> Criminal Attempted Flight from a Crime D <input type="checkbox"/> Criminal Killed in Commission of a Crime E <input type="checkbox"/> Criminal Resisted Arrest F <input type="checkbox"/> Unable to Determine/Not Enough Information G
<p>Negligent Manslaughter (Check only one.):</p> <input type="checkbox"/> Child Playing with Weapon 30 <input type="checkbox"/> Gun Cleaning Accident 31 <input type="checkbox"/> Hunting Accident 32 <input type="checkbox"/> Other Negligent Weapon Handling 33 <input type="checkbox"/> Other Negligent Killings 34	
<p>Justifiable Homicide (Check only one.):</p> <input type="checkbox"/> Criminal Killed by Private Citizen 20 <input type="checkbox"/> Criminal Killed by Police 21	

Property Information									
Type	Code	Class	WMATA Owned	Full Description (Include quantity, manufacturer, serial number, size, color, unique features, etc.)	Age	Fair Market Value	Recovered Value		
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>	Vehicles: Enter Property Type, Code, Classification and Value here. (Describe Vehicle Below)					

Value Totals

Veh. Year	Make	Model	Color	Style	Tag #	State	Year	VIN
Property Recovered Date		# Stolen Vehicles	# Recovered Vehicles	Is any property in custody of a police agency? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain below)				

Property Type (Enter number in the "Type" column above.)
 1 - None 2 - Burned 3 - Counterfeit/Forged 4 - Damaged/Destroyed 5 - Recovered 6 - Seized (Drugs Only) 7 - Stolen 8 - Unknown

Property Description Code (Enter number in the "Code" column above.)

01 - Aircraft	12 - Farm Equip.	23 - Office-type Equipment	34 - Storage Structure
02 - Alcohol	13 - Firearm	24 - Other Motor Vehicle	35 - Other Structure
03 - Automobile	14 - Gambling Equip.	25 - Purse/Handbag/Wallet	36 - Tools: Power/Hand
04 - Bicycle	15 - Heavy Const./Industrial Equip.	26 - Radio/TV/VCR/Cell Phone/Camera	37 - Truck
05 - Bus	16 - Household Goods	27 - Recordings: Audio/Visual	38 - Vehicle Parts/Accessories
06 - Clothes/Furs	17 - Jewelry/Precious Metals	28 - Recreational Vehicle	39 - Watercraft
07 - Computer Hardw./Softw.	18 - Livestock	29 - Single Occupancy Dwelling	
08 - Consumable Goods	19 - Merchandise	30 - Other Dwelling	77 - Other
09 - Credit/Debit Card	20 - Money	31 - Other Commercial/Business Structure	88 - Pending Inventory
10 - Drugs/Narcotics	21 - Negotiable Instrument	32 - Industrial/Manufacturing Structure	99 - For future use
11 - Drug/Narcotic Equip.	22 - Non-Negotiable Instrument	33 - Public/Community Structure	

Property Classification (Enter letter in the "Class" column above.)
 L - Lost F - Found P - Prisoner's E - Evidence D - Destruction I - Impounded V - Vehicle From Which Theft Occurred

Suspected Drug Type (If this event is a drug case, check up to three applicable boxes and write the estimated amount on this line.)

<input type="checkbox"/> Crack Cocaine A _____	<input type="checkbox"/> LSD J _____	<input type="checkbox"/> Unknown Type U _____
<input type="checkbox"/> Cocaine B _____	<input type="checkbox"/> PCP K _____	<input type="checkbox"/> Over 3 Drug Types X _____
<input type="checkbox"/> Hashish C _____	<input type="checkbox"/> Other Hallucinogens L _____	
<input type="checkbox"/> Heroin D _____	<input type="checkbox"/> Amphetamines/Methamphetamines M _____	
<input type="checkbox"/> Marijuana E _____	<input type="checkbox"/> Other Stimulants N _____	
<input type="checkbox"/> Morphine F _____	<input type="checkbox"/> Barbiturates O _____	
<input type="checkbox"/> Opium G _____	<input type="checkbox"/> Other Depressants P _____	
<input type="checkbox"/> Other Narcotics H _____	<input type="checkbox"/> Other Drugs Q _____	

NOTE: If more than 3 drug types, select the 2 most important listing amounts. Then check the "Over 3 Drug Types" as the third, to represent the remaining drugs.

Use these measures:

GM - Gram	LT - Liter	Unit (pills, etc.)
KG - Kilogram	FO - Fluid Ounce	NP - Number of Plants
OZ - Ounce	GL - Gallon	1 - Unknown quantity
LB - Pound	DU - Doseage	XX - Unknown measurement (Not reported)
ML - Milliliter		

Narrative Information

Brief Event Synopsis (Use Continuation/Supplement Report if necessary.)

If second CCN is available, insert here: _____

Additional Narrative on Supplemental Report.