MARYLAND DOMESTIC VIOLENCE REPORT

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AGENCY IDENTIFIER

FORWARD BY THE 7th OF THE MONTH TO:
MARYLAND STATE POLICE
CENTRAL RECORDS DIVISION
INCIDENT REPORTING SECTION - UCR PROGRAM

Page ____ of ____

CRIME CLASSIFICATION e.g. 140	DATE e.g. MMDD 0515	DAY OF WEEK	TIME HOUR ONLY	VICTIM AGE	VICTIM SEX	VICTIM RACE	OFFENDER AGE	OFFENDER SEX	OFFENDER RACE	RELATIONSHIP OF VICTIM TO OFFENDER CODE		INJURIES CODE		HOUSEHOLD STATUS CODE		DISPOSITION CODE		ALCOHOL/DRUG INVOLVEMENT CODE		CIRCUMSTANCE CODE		INCIDENT NUMBER

See reverse for codes. Form 9B must accompany this Form 9.

Department Reporting

Report for Month of 20

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Date of Report

Prepared By Telephone Number

Head of Department

DO NOT USE THIS SPACE
RECORDED
EDITED
PUNCHED
VERIFIED
ADJUSTED