

INCIDENT	1. Agency			2. Division/Precinct		New York State INCIDENT REPORT			3. ORI NY		4. <input type="checkbox"/> Orig <input type="checkbox"/> Other		5. Case No.		6. Incident No.								
	7. Report Day		8. Date Mo Day Yr		9. Report Time		Occurred On/From: →		10. Day		11. Date Mo Day Yr		12. Time		Occurred To: →		13. Day		14. Date Mo Day Yr		15. Time		
	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 T/SLED Code						B.
	22. OFF. NO.		LAW	SECTION	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE						CTS	23. No. of Victims		C.				
1																		D.					
2																24. No. of Suspects		D.					
3																		D.					
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.		
																			Business		F.		
																			Residence		G.		
																			Business		H.		
																		Residence		H.			
																		Business		I.			
																		Residence		I.			
VICTIM	27. Date of Birth Mo Day Yr		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 Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic			32. Handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No		33. Residence Status <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. <input type="checkbox"/> Temp Res - Foreign Nat.						J.		
	34. Type/No TABLE O		35. Name (Last, First, Middle)						36. Alias/Nickname/Maiden Name (Last, First, Middle)						37. 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				K.				
SUSPECT MISSING/ARRESTED PERSON	38. Address (Street No., Street Name, Bldg. No., City, State Zip)										39. Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work				40. Social Security No.				L.				
	41. Date of Birth Mo Day Yr		42. Age		43. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		44. 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.			45. Ethnic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic			46. Skin <input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk. <input type="checkbox"/> Medium <input type="checkbox"/> Other		47. Occupation TABLE P				M.				
	48. Height ft. in.		49. Weight		50. Hair TABLE Q		51. Eyes TABLE R		52. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> Contacts <input type="checkbox"/> No		53. Build <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium		54. Employer/School		55. Address				N.				
	56. Scars/Marks/Tattoos (Describe)								57. Misc.								1						
	58. Victim or Suspect No.		Property Status	Property Type	Quantity/ Measure	Make or Drug Type	Model	Serial No.	Description						Value	2							
		TABLE S	TABLE T	TABLE U	TABLE V										3								
															4								
															5								
PROPERTY VEHICLE	59. Vehicle Status TABLE W		60. License Plate No.			Full <input type="checkbox"/> Partial <input type="checkbox"/>		61. State	62. Exp. Yr.	63. Plate Type		64. Value				Total	6						
	65. Veh. Yr.		66. Make			67. Model		68. Style			69. VIN.				7								
	70. Color(s)			71. Towed by: To: _____				72. Vehicle Notes					8										
NARRATIVE	73.															9							
																10							
																11							
																12							
																13							
																Total							
	ADMINISTRATIVE	74. 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						75. NYSPIN Message No.			76. Complainant Signature						B use cover sheet						
		77. Reporting Officer Signature (Include Rank)						78. ID No.			79. Supervisor's Signature (Include Rank)						80. ID No.	84.					
		81. Status <input type="checkbox"/> Vict. 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. Declined <input type="checkbox"/> Unknown						82. Status Date Mo Day Yr			83. Notified/TOT						Page of Pages						