

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 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 <small>T/SLED Code</small>		B.		
22. OFF. NO.	LAW	SECTION	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE				CTS	23. No. of Victims	C.	
1													24. No. of Suspects	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.	
												BUSINESS		G.	
												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 <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. TABLE O	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. <input type="checkbox"/> Home <input type="checkbox"/> Work		41. Social Security No.				M.
	42. Date of Birth Mo. Day Yr.		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 TABLE P				N.
	49. Height ft. in.	50. Weight	51. Hair TABLE Q	52. Eyes TABLE R	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.						1		
PROPERTY	59. Victim or Suspect No.	Property Status TABLE S	Property Type TABLE T	Quantity/Measure TABLE U	Make or Drug Type TABLE V	Model	Serial No.	Description				Value	2		
													3		
													4		
												TOTAL	5		
VEHICLE	60. Vehicle Status TABLE W	61. License Plate No.			Full <input type="checkbox"/> Partial <input type="checkbox"/>	62. State	63. Exp. Yr.	64. Plate Type	65. Value				6		
	66. Veh. Yr.	67. Make		68. Model		69. Style		70. VIN.				7			
	71. Color(s)		72. Towed By: _____ To: _____				73. Vehicle Notes				8				
NARRATIVE	74.													9	
														10	
														11	
														12	
														13	
														TOTAL	
														TOTAL	
	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. NYSPIN Message No.		77. Complainant Signature						B use cover sheet ↑	
		78. Reporting Officer Signature (Include Rank)				79. ID No.		80. Supervisor's Signature (Include Rank)				81. ID No.	85.		
		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 Mo. Day Yr.		84. Notified/TOT		Page of Pages	