

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------|--|---------------------------|--|--------------------|---------------------|----|----|--|
| 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 Mo. Day Yr. | | 11. Date Mo. Day Yr. | | 12. Time | | Occurred To: → | | 13. Day Mo. Day Yr. | | 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/S/LED Code | | | | 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. | | |
| | | | | | | | | | | | | | | | | | | | | | | | G. | | |
| | | | | | | | | | | | | | | | | | | | | | | | H. | | |
| | | | | | | | | | | | | | | | | | | | | | | | 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 | | 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 | | | | | | |
| | | | | | | | | | | | | | | | | | | | 6 | | | | | | |
| 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 | | | | 7 | | | | | | | | |
| | 66. Veh. Yr. | | 67. Make | | | | 68. Model | | 69. Style | | 70. VIN. | | | | 8 | | | | | | | | | | |
| | 71. Color(s) | | | | 72. Towed By: To: _____ | | | | 73. Vehicle Notes | | | | 9 | | | | | | | | | | | | |
| NARRATIVE | 74. | | | | | | | | | | | | | | | | | | 10 | | | | | | |
| | | | | | | | | | | | | | | | | | | | 11 | | | | | | |
| | | | | | | | | | | | | | | | | | | | 12 | | | | | | |
| | | | | | | | | | | | | | | | | | | | 13 | | | | | | |
| | | | | | | | | | | | | | | | | | | | 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. NYSPI 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 | | | | | | | | | | |

SAMPLE

SAMPLE