

**INTEGRATED CRIMINAL APPREHENSION PROGRAM**

**MODEL RECORDS SYSTEM MANUAL  
AND  
REPORTING GUIDES**

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MODEL RECORDS SYSTEM MANUAL  
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REPORTING GUIDES

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PREFACE

## ACQUISITIONS

This is one of a series of manuals prepared by the Law Enforcement Assistance Administration on behalf of the Integrated Criminal Apprehension Program. These documents are being published to facilitate the establishment and operation of crime analysis units in municipal police departments for the purpose of improving patrol deployment. The volumes comprising this series are:

- o Crime Analysis Executive Manual -- An overview of crime analysis and its impact on departmental operations written for the police executive. The manual also addresses the considerations and decisions necessary for implementation of a crime analysis unit.
- o Crime Analysis Systems Manual -- A comprehensive instruction manual on the total crime analysis process directed to both the beginning and the experienced crime analyst. The manual discusses, from the analyst's perspective, the establishment and operation of a crime analysis unit.
- o Crime Analysis Operations Manual -- A comprehensive instruction manual on tactical decisionmaking directed to the patrol commander. The manual addresses the use of



crime analysis products in the patrol decisionmaking process and in the implementation of those decisions.

- Records Management Manual -- A manual describing a complete records and information system designed for manual operation in the small and medium police department. The system is so structured that it can be implemented, or enhanced incrementally, in many levels of comprehensiveness. Two appendices present complete field and administrative reporting manuals with detailed instructions for all users of the system.



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## FOREWORD

This Model Records System Manual and the appended Reporting Guides have been prepared to assist law enforcement agencies contemplating establishment or modification to or replacement of a records management system. The Model Records System is designed to serve as a complete, basic, manually operated system for an agency seeking a major or total overhaul of its present system, as well as to provide practical concepts and exemplars for improvement for an existing system. Although developed primarily as a manual system for implementation by a small to medium-sized agency, it is so designed that it can be readily automated through the use of a computer. Additionally, eight levels of graduated complexity are described for implementation of the Model Records System that will accommodate adoption of an effective records management system by most small through all but the largest law enforcement agencies.

The concepts discussed herein have been successfully implemented in many law enforcement agencies throughout the country, but it is unlikely that any prescribed system can be substituted in its entirety for an existing system because of problems and needs peculiar to each agency and its operations. The Model Records System seeks to provide a basis for decisionmaking in terms of efficient records management.

Presented as Appendix A and Appendix B, respectively, are a Field Reporting Guide and an Administrative Reporting Guide. These guides are intended for distribution to all persons responsible for the preparation and use of the forms contained in each.







## 1. INTRODUCTION

The substance that sustains the total criminal justice system is information that originates with the law enforcement component of the system. A fundamental observation which may escape general appreciation is that the criminal justice system functions on the basis of an officer's bringing a suspect into custody. How well the patrol officer investigates or gathers information about a case greatly affects all subsequent events as the suspect is identified, apprehended, and processed through the system. This fact places considerable responsibility upon the police component for developing and documenting the quality case information required for apprehension and conviction of offender.

Quality information produced by the police component is achieved through a police information cycle. The cycle most commonly originates with information developed and documented by patrol officers. Information is collected that leads to identification and subsequent apprehension of offenders by the police component, and conviction of offenders by the courts component. The information about crimes, offenders, and processing is stored in police records and selectively retrieved by police managers to perform their primary function of decisionmaking. By analysis and evaluation of the information retrieved from police records, the police manager (ideally) selects the best operational tactics and resource allocations to maximize the crime deterrence productivity of the patrol officers. The tactical and



logistical information is then disseminated in its best workable form back to patrol officers to complete the cycle. Because they are so interrelated, the quality of information produced by the police component depends upon how well these phases are performed collectively.

The crime deterrent effectiveness of the police component is directly related to the quality of information produced in the police information cycle. High apprehension and conviction rates increase the risks for criminals and help to provide a measure of control over the criminal and the crime rate. Quality information leads to higher apprehension and conviction rates because that information determines the survival or failure of the case through the judicial system. High-quality case documents lead to proper convictions (that is, guilty as charged) and reduce the necessity of plea bargaining caused by low-quality case documents. Thus, the crime deterrent effectiveness of a given patrol force can be measured, at least in part, by the number of arrests that survive the first judicial screening. This output measurement tends to reflect the quality of information generated in the police information cycle.

The basic purpose of compiling and maintaining police records is to provide for the use of such stored knowledge for the furthering of police goals by all police personnel, from the beat officer to the chief of police. Thus, police records are more than an accumulation of miscellaneous data -- they represent the memory of all events and incidents that are brought to the attention of the department.



## 2. GENERAL CONCEPTS OF RECORDS SYSTEMS

### 2.1 Records Management

Records management is the systematic control of records from creation through storage and maintenance to final disposition.

The manual records management system described in this handbook is a basic, systematic structure designed to meet the records maintenance and information requirements of most small to medium-sized local law enforcement agencies. The system is not intended to be the complete or only solution to every department's needs. Rather, it is designed to be flexible enough to meet the requirements of most local departments and, at the same time, encourage uniformity in records management throughout the law enforcement community.

It is anticipated that departments making use of this basic system will want to make modifications to suit their particular needs. Obviously, computer resources will modify the system outlined herein. However, it should be stressed that those agencies contemplating a move to computerization would be well advised to first put their existing manual system in proper working order. Computerization per se will not cure the ills of an inefficient, outmoded system. It is mandatory that an efficient manual system be implemented and in operation before decisions pertaining to computerization be made. Transition is thereby simplified, and the computer system can be properly tailored to meet the needs of the organization. The system described herein and the related report form exemplars have been designed with this intent



in mind. Both the system and the forms are suitable (with appropriate modification to take full advantage of computer capabilities) for use in systems utilizing high-speed data processing equipment.

It will be noted that the report form exemplars do not provide for a determination and/or scoring of so-called "solvability factors." This was done deliberately to avoid confusing the reader with the presentation of additional concepts not specifically related, regardless of their merit, to basic records management. For those agencies contemplating or presently using a system embodying solvability factors and early case closure, only minor modification would be necessary to make this system and the associated report forms compatible.

To properly satisfy the demands made on a police records system the system must meet certain requisities:

- An efficient staff with adequate equipment, working in satisfactory facilities.
- A centralized records system, to allow simplified coordination and control.
- Complete and effective reporting procedures.
- Systematized report review, tabulation, and filing.
- Analysis, summarization, and dissemination of system data to appropriate users.

Information must be efficiently reported, processed, stored, and



retrieved. Each file or record put into the system must have a purpose, and control must be established to ensure a proper disposition when that purpose has been served. Regular audit is essential to ensure integrity and the proper classification of events. The system must also lend itself to the speedy retrieval of information so as to permit timely analyses of recorded events.

The importance of a centralized system cannot be stressed too strongly. Decentralization of records among, for example, the traffic, detective, and patrol divisions results in a series of uncoordinated, overlapping, duplicative, and individualized records systems. This tends to make overall department management more difficult and thus results in ineffective operations. Centralization expedites criminal investigations by making accessible in one area all of the department's data. With a decentralized records system, officers tend to become discouraged when attempting to extract data because of the necessity of retrieving data from a variety of sources, organizational units, people, and files. Centralization also allows data to be processed more systematically since training and supervision are standardized, responsibility is fixed, and maximum advantage can be taken of high-speed data processing equipment, where available.

## 2.2 Recording Initial Data

Any system of police records should begin at the time an event requiring police attention is reported. Usually, initial notification of an event is received by personnel in the communications center and



recorded on structured forms.

The use of structured forms is recommended for the following

reasons:

- o They ensure that required data concerning each event is recorded.
- o They assist in providing necessary basic operation dispatch information to field officers.
- o Appropriate time entries are made that are critical in recording patrol workload data.

From the standpoint of department personnel, it is essential that every assignment be recorded in some fashion. Reports serve not only as the official memory of the department but also ensure that pertinent information is available to other department members who may be required to pursue the matter further. Equally important, supervisors must provide guidance to their subordinates in investigative matters. One facet of this guidance involves reviewing the propriety of actions taken in field situations, as evidenced by the reports completed by involved personnel. Reports also serve as protective devices, in that they can refute unwarranted accusations that improper police action was taken, or that nothing was done at all in a particular instance.

### 2.3 Preparation of Reports

Police reporting methods vary from handwritten reports prepared in the field by an officer to telephonic or portable recorder dictation systems requiring subsequent transcription. In selecting



a reporting method, departmental management must keep in mind the fact that the primary purpose of a police report is simply to record information.

For many years, typing police reports has been the accepted practice in many departments. One of the following systems is usually used: The report is typed by the reporting officer from notes or a rough, handwritten draft; an officer dictates a report to a typist; a typist transcribes the officer's recorded information; or the report is typed by a clerk from information contained in the officer's handwritten report or notes. Some of these methods are inefficient in that information is completed and reproduced in a different form at least two times, a costly and unnecessary expenditure of labor. A major difficulty in having the officer type his own reports is the fact that he is unavailable for street duty when doing so, plus the fact that he usually has minimum typing skills. While it is true that the dictation system results in reports of greater legibility and less time involvement of the individual officer in finished report preparation, the advantages are often offset by the inherent delay in report transcribing.

A police report does not necessarily have to be typed, it can be handwritten or handprinted. Excessive and unnecessary reporting time that can be better devoted to field duties should not be squandered on report preparation.

Many police departments, unwilling to accept backlogging of reports,



which is often characteristic of typed reporting systems, have turned to handwritten reports. Experience over the years has generally demonstrated that handwritten reports have definite advantages in manual systems over dictated and typed reports. If a report is clearly legible and neatly written or printed, it serves its purpose.

Some of the advantages of handwritten police reports are:

- Prompt availability of finished police reports for supervisory review, further processing, and routing.
- Reduction in the number of report errors inherent in a copying or transcribing system.
- Reduction in reporting equipment costs.
- Reduction in clerical costs.
- Increased validity in court.

The primary disadvantages of handwritten police reports are:

- Slightly increased use of officer time in preparing the actual report.
- Increased emphasis on officer writing ability.
- Decreased officer satisfaction with the reporting system.

It is recognized that there are times when typewritten reports are necessary and appropriate. However, it is important that a specific determination be made as to the circumstances and as to just what type



of reports must be handwritten or typed. For instance, a policy could be initiated that allows exceptionally long or detailed reports to be dictated and typed. However, such a policy should be designed to restrict the number of reports that will be handled in this manner. Reports should be typed only when a definite savings in personnel time will result, or when the seriousness of the event merits exceptional processing.

If a policy is adopted that allows some reports to be typed, report backlog problems should be anticipated and typing priorities established. It should be noted that a substantial majority of all reports made are never cleared or seen outside the agency of origin. Typing of these reports results in little, if any, benefit to the agency.

As a general rule, handwritten reports should be completed at the scene of the incident so as to expedite the return of the officer to service. In some instances, it will be necessary for the officer to complete a report at the station but such situations should be closely controlled. In all cases, officers should complete accurate and legible reports before going off duty; in only the most exceptional circumstances should an officer be allowed to complete his tour of duty without completing his reports.

#### 2.4 Integrity of Records

Sound integrity of the records system is vital to effective operations. In its true sense, integrity refers not only to intentional



improper disclosure of confidential information to unauthorized persons but also to accidental disclosures of such information and, equally importantly, to misfiling, misplacing, and loss of work documents. In all three instances, system integrity requires that physical access to records be limited to only personnel specifically assigned to the records function. All other persons (for example, investigators, supervisors, news media representatives, city officials) should be denied physical access to reports, indices, files, and other records maintained as part of the records system. This does not mean that appropriate information should not be given to authorized persons; but it does mean that physical barrier to the records office should be established and reinforced by written departmental policy so as to limit entry to assigned personnel only. All other persons having a legitimate interest in information contained in records files should be served at a counter outside the records office. Original copies of documents should not be allowed to leave the confines of the records office without a court order. In all other cases, copies should be provided. At times, lengthy perusal by an investigator of, for example, an Arrest Package is necessary. Provision should be made for such review in or adjacent to the records office to minimize the loss of work documents. The release of information over the telephone should be permitted only under prescribed conditions and with adequate safeguards to ensure the authenticity of the caller's request and his identity.



## 2.5 Juvenile Records

Two major areas of controversy relate to juvenile records:

Separate maintenance of such records, and fingerprinting and photographing juvenile arrestees. Unfortunately, there is little commonality of opinion from the courts in terms of establishing standard guidelines. Therefore, local policies must reflect the local situation. As a general rule, the separation of juvenile and adult records should be limited to arrest records only. Offense reports, traffic accident reports, and other reports involving juveniles should receive no special processing and should be routinely incorporated in agency master files of such reports. Juvenile arrest records should still be maintained in the records office but in separate files.

To satisfy particular court rulings, some jurisdictions have moved away from the term *arrest*, substituting the word *custody* instead. In such jurisdictions, arrest reports for juveniles have been modified by using the word *custody* throughout. In all other respects, Custody Reports and Arrest Reports are identical. This is a satisfactory solution as long as report processing and filing procedures are standard for both adult and juvenile cases (providing for physical separation of adult and juvenile arrest packages). Insofar as index card files cross-referenced to juvenile arrest reports are concerned, some courts have maintained that such files are not per se "records of



arrest" and, therefore, need not be maintained separately. In other instances, courts have insisted on physical separation of even index cards relating to juvenile arrests. Again, local policies must reflect the local situation.

Insofar as photographing and fingerprinting of juvenile arrestees is concerned, the best policy provides for routinely fingerprinting and photographing *all* arrestees, adult and juvenile, regardless of the offense. Some modification of this policy is appropriate for such offenses as drunkenness, where repeated violations by the same individual are not uncommon. In this case, a "repeater file" can be established together with a policy providing for only fingerprinting and photographing the repeater every 2 or 3 years. Such deviations from the standard policy should be formally specified. Systems based on the age of the arrestee or the type of offense fail to take into consideration the facts that the juvenile of today is the adult of tomorrow and that a misdemeanor today may be a wanted felon tomorrow.

## 2.6 Basic Concepts

In the development of an efficient records system, there are very few fixed rules. However, it is safe to say that the simplest system is probably the best. This means:

- The number of different report forms should be kept to a minimum consistent with department actual needs.
- As much as possible, all reports of field incidents



are filed, indexed, and otherwise processed in the same manner.

- All records personnel share jointly in the tasks to be performed (in contrast to one clerk processing only traffic accidents, another clerk processing only crime reports, etc.).
- Available time of communications and/or desk personnel is utilized for clerical tasks (particularly in smaller departments where dispatch and/or reception activities do not amount to full-time activities).
- Detailed forced-choice-type reports completed by investigating officers (not clerical personnel) are used.

It should be recognized that all law enforcement agencies, regardless of size, need certain basic, fundamental reports, records, files, and indexes. The matter of report volume does not enter into this basic consideration, for all agencies are alike in that their most basic purpose is provision of a service to the public. In this respect, providing a report of a field incident to the victim so that he can pursue a course of reimbursement through the civil courts or his insurance company is well within the definition of public service. Basic reports are likewise essential to administrative control of department operations. Proper reports and records are important in helping to substantiate budget requests and expenditures. In addition,



proper reports and records provide a measure of protection against unwarranted criticism and assist in satisfying requests for information about agency operations.

A sound basic system should incorporate the following factors:

- It should be as complete as possible, with as few different types of report forms as are consistent with actual need. (In this respect, some report exemplars furnished in this guide would be inappropriate for a particular department due to the infrequency of usage. Other departments with a greater report volume might make satisfactory use of all of the report exemplars illustrated.)
- Files must be combined wherever possible, with limited but adequate cross-referencing capabilities.
- Information stored in files must be readily accessible and available at all times.
- The system should be centralized, with actual file access limited only to those who maintain the files.
- Numbering systems should be limited to only the most essential elements. In this regard, a single numbering system should be utilized



for offenses, related but non criminal incidents, and traffic accidents; a dual numbering system should be utilized for arrests (an "Arrest Number" for each arrest of a particular individual and a "Permanent Number" to identify a particular individual within the system); and a standard citation numbering system should suffice for most agencies.

- ① Files and indexes should not be created and maintained to satisfy occasional requests for statistical information when a simple tally sheet form of information gathering can be substituted. In many agencies, this would mean only an alphabetical Master Name Index File, a Primary File containing all reports of field incidents filed by an assigned number, an Arrest Package File containing an alphabetically filed package of arrest-related documents for each person arrested by the department, and perhaps a Field Interview Card File. A Property File (stolen and "booked") might be added if warranted by the volume. If



requests for such information justify it, a file of incidents by location can be maintained; however, the work involved in satisfying such requests and the frequency of the requests must be weighed against the work involved in creating, maintaining, and purging such a file.

- The system should be flexible to the point that modification of reporting procedures can be made without overhauling the entire system.

## 2.7 Report Indexing

Fundamental to an effective system of records is an efficient means of retrieving a record when it is needed. For the majority of informational items within the records system, the most efficient locator is a single, alphabetical Master Name File that contains the name(s) of the individual(s) involved in all reported incidents, cross-referenced to the report number. The use of a single file, cross-referenced to all reported incidents, eliminates the possibility of a name card being filed in the wrong file.

In an attempt to provide a complete cross-file, some agencies index all names appearing on reports. Other agencies limit the names indexed to some extent, but still index such categories as "Person Reporting" (not the victim but the person who called the police), witnesses, and suspects. Whether these categories materially improve the overall system is questionable. In the first place, by far the



most common and appropriate index to police files is the victim (or, in the absence of a victim, the principal person involved). It is very seldom that this name is not known to the inquirer, whether he is an investigator, insurance company representative, attorney, or other authorized person.

In the event the victim's name is not known and cannot be obtained, other cross-reference potentials in the Model Records System outlined herein are available. In the great preponderance of cases, investigators (the greatest potential users of files) will be able to provide either the victim's name or the identifying number of the report. Other names indexed into the system greatly increase the clerical workload and tend to make files unnecessarily bulky and unwieldy.

The practice of entering "suspects" in a Master Name File is fraught with danger. It is unfortunately true that the best of judgment is not always exercised in completing reports. Consequently persons are at times listed on reports as suspects when no legal cause for arrest and/or detention exists, or records clerks, who do not always have a complete understanding of the legal issues, index an individual as a suspect when in fact no legal cause for action exists. When making a query at a later date, an officer may be told that the person is a suspect or is wanted in connection with a burglary. The possibility of a situation occurring that could lead to an innocent person's being injured or killed as a mistaken felon, together with the potential for



attendant civil suits, favors the exclusion of suspects from Master Name Files unless an actual warrant of arrest exists for the person indexed.

In view of these considerations, Master Name Files should be limited to only victims (or in the absence of a victim, the principal person involved), arrestees, and drivers and persons injured in traffic accidents.

Two basic methods are used to prepare index cards: The single-entry system and the dossier system. Under the single entry system, a separate index card is prepared and filed for each event. The dossier system involves a search of the file for an existing card for the person or firm involved; if a card is found, the information regarding the new incident is entered and the card is refiled. If no card is found, one is made and filed. There are advantages and disadvantages to either system. Under the dossier system, time is spent searching for existing cards in file, and it is somewhat difficult to indicate the status of purged reports if many reports held for varying time periods are listed on the same card. On the other hand, the single-entry system tends to make files voluminous, since each entry requires a new card and requires more time per entry inasmuch as descriptive information must be entered on each card filed. Either system is acceptable; the basic determination as to clerical availability versus storage space is an individual one for the agency.

Index cards of 3- by 5-inch size are most satisfactory. Since the purpose of a particular card is to lead to a particular report, the index



card need not contain a synopsis of the incident -- to do so tends to duplicate the Primary File and unnecessarily increases the clerical workload. A simple entry of name and address (or Social Security Number) for positive identification in relation to other cards in file bearing similar names, date of the incident, type of incident, location of the incident, and the number assigned to the incident provides sufficient information to specifically identify the incident and the person involved so as to expedite extraction of pertinent reports from the Primary or Arrest Files. If the incident involved the theft or loss of property, a description of the property should also be included. Thus, if a single-entry system is used, several copies of the same card can be simultaneously prepared (by using NCR paper, carbon paper, or a duplicating machine) for use in Stolen Property, Location of Incident, and Type of Incident Files, as well as in the basic Master Name File.

The Master Name File is the basic file and will be found to be of value in even the smallest agency. If volume is sufficient and clerical assistance is available, the first file to be added to the system should be a Stolen Property File. Care should be taken in developing a Stolen Property File so as not to unnecessarily duplicate State and Federal property files. Since the National Crime Information Center (NCIC) files and most State computerized criminal information files contain appropriate information regarding stolen property bearing



serial numbers, there is little value in maintaining duplicating files of such information. In the event that adequate Teletype or computer interfaces with such files are not available, duplication may be a necessity. However, the guiding premise should be to avoid routinely indexing and storing information available from other sources.

Where the volume of requests warrants and clerical assistance is available, two additional indexes are of value: a Location of Incident File and a Type of Incident File. The Location of Incident File provides for efficient extraction of data related to crime and related incidents in a given area so that strategic and/or tactical plans can be made in terms of deployment and deterrence. This file also permits timely identification of problem areas, as well as provision of a cross-reference to the Primary File by location of the incident. The Type of Incident File simplifies the determination of the number of specific incidents occurring in the jurisdiction for any specified time period. In a rudimentary manner, it also provides a cross-reference to a Primary File by type of incident. It should be stressed that both Location of Incident and Type of Incident Files are supplementary files. For most agencies of less than 75 personnel, such files are not usually cost-effective. To satisfy the occasional demand for such information, hand searches of other sources are less expensive.

## 2.8 Report Distribution and Routing

The report distribution and routing function should ensure that



appropriate personnel and units having a need for the information receive it in a timely manner. This function includes the reproduction of reports, determination of which individuals or units are to receive specific report copies, and the actual physical distribution of the reports.

Report distribution and routing procedures should be periodically reviewed to determine the effectiveness and efficiency of the process. Items to be considered are:

- Value to the specific operational unit.
- The timeliness of the receipt of the reports.
- The number of copies produced versus the number used, forwarded, retained.
- Additions or deletions from the standard distribution lists.
- Quality of the reproduction process.

## 2.9 Report Review

A main element in the Model Records System is report review. This function provides a quality control program to ensure that the reporting system is functioning properly and that all of the necessary processes and procedures are carried out as intended. Depending upon the size of the agency, its volume of reports, and administrative philosophy, the function can be performed by supervisors or by a separate unit within the organization.

Initial report review is a preliminary aspect of the overall



review process. Initial review consists of a supervisor's reading the completed document and, if acceptable, approving its submission. Generally, this review amounts to checking the report for propriety, essential information, clarity, and legibility.

The overall report review process should include the following elements:

- Editing of Reports -- Checks of spelling, neatness, adequacy of grammar, legibility, following of reporting procedure, accuracy of data reported, and similar factors.
- Review of Contents -- To ensure not only that all the data gathered are entered on the form, but that the report is complete in terms of the various uses to which it will be put (crime analysis, investigation, etc.), that there is consistency between the reports associated with an event: to ensure that the information reported is logical and nonconflicting; and to ensure that the report reflects compliance with established procedures.

In larger agencies, this process can be supplemented by a report audit process. This task includes an evaluation of the supervisor's review, as well as the following:



- Evaluation of the Report Flow Process -- To ensure that the flow of information concerning an event has been accomplished and there is a disposition properly associated with each event, either by initial field investigation, followup investigation, or (if used) Arrest Report. This function maintains the integrity of the reporting system.
- Report Classification -- To determine the proper classification of the event according to Uniform Crime Reporting, State, and local guidelines.
- Initiation of Corrective Action -- Inadequate reports are routed to appropriate supervisors of reporting officers for correction or additional information.
- Assurance of Proper Distribution and Routing of Reports.
- Evaluation of the Effectiveness of the Reporting System -- Includes identification of training needs.

#### 2.10 Organization Considerations

For agencies of approximately 150 personnel or more, report



review should be a formal process. The report review function should be supported with appropriate written directives (policy statements) outlining the functions, objectives, responsibilities, and problems of the process. Written guidelines should be prepared for completing the process. There must be assurance that all reports generated from an event are channeled through the report review function.

In certain instances where time is of the essence, the report review process should provide for immediate contact with the reporting officer for explanation, correction, additions, or followup reports. Normally, such requests for information should be routed through the concerned supervisor.

The review, updating, and correcting of reports should not impede the progress of an investigation or the basic flow of information within the department. If at all possible, while a correction or addition is being obtained, the investigation and other operational processes should proceed, using the information contained in the original report.

#### 2.11 Modifying Existing Systems

Many law enforcement executives are vaguely and generally dissatisfied with their existing records system. However, until a major incident forces procedural changes, many shy away from drastic action. Other executives develop a blind eye to inadequacies in their records systems or, possibly through misplaced pride, avow that their system is excellent when, in fact, it is far from satisfactory. Compounding the problem is the



fact that the field of records management is not truly compatible with the "street cop" image. Records management is traditionally left to a clerical staff, or to a disabled or semiretired officer. All too often, the system in use was developed, for better or worse, over many years by an untrained individual who added, expanded, created, modified, and developed as various chiefs, mayors, town managers, or other political leaders requested, or as fancy dictated. This untrained person eventually attains the seniority and tenure wherein any suggestion for significant change is considered as a personal affront and thus strenuously resisted. As a consequence, files are maintained, indexes are updated (but seldom purged), lists are kept, and voluminous reports are prepared for which no real current uses exists and for which, in many cases, the original purpose cannot be identified. Sometimes it seems the phrase, "I don't know why, but that's the way we've always done it," was invented by a records supervisor justifying an outmoded system. A review of a records system must be made with a critical eye and without undue defensiveness. Statements such as that quoted above should serve to alert the reviewer that a potential for improvement exists.

Law enforcement administrators are particularly prone to develop and maintain for countless years at considerable expense voluminous files of data that are very seldom if ever called for. The theory seems to be that someone, someday, might ask a question that in the absence of such a file, could not be answered (at least promptly). The alternative



of simply stating, "I don't know -- we don't have the manpower to maintain files of that sort," is seldom considered. In this sense, law enforcement administrators would be well advised to examine record-keeping policies of other public and private agencies. One can imagine the answer of a telephone company or a public utility to a query for a record of charges for a month or a series of months occurring several years prior to the query. Granted that law enforcement agencies are -- and should be -- service-oriented, the service provided still can only be consistent with efficient and effective utilization of personnel and facilities. This means that files and reports that have outlived their usefulness (or that require in their maintenance a disproportionate expenditure of facilities and work effort in terms of potential value and/or usage) do *not* have to be kept forever. The rare request for information from such files *can* and should be answered by, "I don't know, we don't have the facilities (or personnel, or time, or funds) to make such information available." It also means that *all* records and reports cannot be kept, and that a calculated decision must be made as to what is essential and what is superfluous. Obviously, what is superfluous must be eliminated.

As a final point, law enforcement administrators are somewhat reluctant to consider modifying their records system because of the inherent necessity of making changes and the fear of creating confusion. The simple fact of the matter is that a records system *cannot* be improved *without* change and, if changes are made, a period of confusion is to



be expected. However, this should not serve as a deterrent for the potential benefits of materially improving an antiquated or inadequate system in terms of cost, efficiency, and employee moral are considerable.

#### 2.12 Crime Analysis Requirements

As a relatively recent discipline that is gaining importance in improved methods for law enforcement, crime analysis has special needs for detailed information. Crime analysis supports a number of law enforcement agency functions, including patrol deployment, special operations and tactical units, investigations, planning and research, crime prevention, and administrative services.

The basic function of the crime analysis unit is to identify, describe, and disseminate information concerning crime patterns and problems. There are two types of crime patterns that the analyst identifies and brings to the attention of the line supervisors:

- Geographic patterns.
- Similar-offense patterns.

Geographic patterns are simply concentrations of offenses in a specific geographic area. This area may be within a single patrol beat, sector, or report area, or it may be spread over a number of contiguous areas. The crimes that comprise the pattern may share no identifiable relationship other than geographic proximity. Upon recognition of a geographic pattern (generally through inspection of a spot map), the analyst begins to search for other relationships between two or more component crimes.



Similar-offense patterns are comprised of offenses that appear to have been committed by the same suspect or group of suspects. The analyst discerns the similar-offense pattern by comparing a number of unique descriptors. These descriptors, or variables, include:

- Crime type.
- Object of attack.
- Suspect description.
- Suspect modus operandi.
- Suspect vehicle description.
- Physical evidence.
- Weapon description.

To identify these variables to the best degree possible, the crime analysis unit requires very detailed information from field reporting. To meet these special needs, a crime-analysis-oriented form has been developed that can be used optionally with the Models Record System described in this manual. The form, shown in Figure 2-1, is designed to be printed on the back of the Offense Report described in Section 3.2.4. The form shown in Figure 2-1 is a forced-choice type that requires the officer conducting the preliminary investigation to complete those blocks for which information is available.



| WEAPON DESC.                                                                                                                                              |  | WEAPON                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                        | WEAPON FEATURE                                                                                                                                      |                                                                                                                                                                                                                                  |                                                                                                                                                               |                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                           |  | SUSP. NO.<br>1 2 3                                                                                                                                                                                                                                                                                               | SUSP. NO.<br>1 2 3                                                                                                                                                                                                                                                | SUSP. NO.<br>1 2 3                                                                                                                                                                                                                                                                                     | SUSP. NO.<br>1 2 3                                                                                                                                  | SUSP. NO.<br>1 2 3                                                                                                                                                                                                               | SUSP. NO.<br>1 2 3                                                                                                                                            |                                                                                                                                                                                                       |
| 1 1 1 HANDGUN<br>2 2 2 SHOTGUN<br>3 3 3 RIFLE<br>4 4 4 SIMULATED GUN<br>5 5 5 TOY GUN<br>6 6 6 OTHER/UNK. GUN<br>7 7 7 MISSILE/ROCK<br>8 8 8 POCKET KNIFE |  | 9 9 9 BUTCHER KNIFE<br>10 10 10 OTHER CUTTING/<br>STABBING INST.<br>11 11 11 EXPLOSIVES<br>12 12 12 VEHICLE<br>13 13 13 STRANGULATION<br>14 14 14 HANDS/FEET<br>BODILY FORCE                                                                                                                                     | 15 15 15 BLACKJACK/CLUB<br>16 16 16 POISON/DRUGS/<br>LIQUOR<br>17 17 17 BURN/SCALD<br>18 18 18 GAS/CARBON<br>MONOXIDE<br>19 19 19 THREATS<br>20 20 20 OTHER                                                                                                       | 1 1 1 CHROME NICKEL<br>2 2 2 BLUE STEEL<br>3 3 3 AUTOMATIC<br>4 4 4 REVOLVER<br>5 5 5 SHORT BARREL<br>6 6 6 DOUBLE BARREL                                                                                                                                                                              | 7 7 7 SINGLE BARREL<br>8 8 8 SAWED OFF<br>9 9 9 PUMP<br>10 10 10 BOLT ACTION<br>11 11 11 ATTACHED STOCK<br>12 12 12 WHITE CROSS                     | 13 13 13 WESTERN STYLE<br>14 14 14 LARGE BORE<br>15 15 15 SMALL BORE<br>16 16 16 OTHER<br>17 17 17 UNKNOWN                                                                                                                       |                                                                                                                                                               |                                                                                                                                                                                                       |
| MAKE _____<br>MODEL _____                                                                                                                                 |  | CAL. / GA _____                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                     |                                                                                                                                                                                                                                  |                                                                                                                                                               |                                                                                                                                                                                                       |
| SUBJECT'S PERSONAL DESCRIPTIONS                                                                                                                           |  | HAIR LENGTH (01)<br>SUSP. NO.<br>1 2 3                                                                                                                                                                                                                                                                           | HAIR STYLE (02)<br>SUSP. NO.<br>1 2 3                                                                                                                                                                                                                             | FACIAL HAIR (03)<br>SUSP. NO.<br>1 2 3                                                                                                                                                                                                                                                                 | GLASSES (04)<br>SUSP. NO.<br>1 2 3                                                                                                                  | TATTOO (05)<br>SUSP. NO.<br>1 2 3                                                                                                                                                                                                | GEN'L APPEARANCE (06)<br>SUSP. NO.<br>1 2 3                                                                                                                   | SMILE (07)<br>SUSP. NO.<br>1 2 3                                                                                                                                                                      |
|                                                                                                                                                           |  | 1 1 1 LONG<br>2 2 2 MEDIUM<br>3 3 3 SHORT<br>4 4 4 BALD<br>5 5 5 BALDING<br>6 6 6 OTHER<br>7 7 7 UNK.                                                                                                                                                                                                            | 1 1 1 AFRO<br>2 2 2 WAVY<br>3 3 3 STRAIGHT<br>4 4 4 BRAIDED<br>5 5 5 OTHER<br>6 6 6 UNK.                                                                                                                                                                          | 1 1 1 FULL BEARD<br>2 2 2 GOATEE<br>3 3 3 MUSTACHE<br>4 4 4 SIDEBURNS<br>5 5 5 DUNUSIAL<br>6 6 6 OTHER/UNK.<br>7 7 7 NONE                                                                                                                                                                              | 1 1 1 SUNGLASSES<br>2 2 2 GLASSES<br>(PLAIN)<br>3 3 3 OTHER/UNK.<br>4 4 4 NONE                                                                      | 1 1 1 EXTREMITY<br>2 2 2 BODY<br>3 3 3 FACE<br>4 4 4 PICTURES<br>5 5 5 NAME/<br>INITIALS<br>6 6 6 OTHER<br>7 7 7 UNK.                                                                                                            | 1 1 1 NEAT<br>2 2 2 WELL DRESSED<br>3 3 3 DIRTY/RAGGED<br>4 4 4 UNIFORMED<br>5 5 5 MOD/UNUSUAL<br>6 6 6 UNUSUAL<br>7 7 7 JEWELRY<br>8 8 8 OTHER<br>9 9 9 UNK. | 1 1 1 PROFANE/ABUSIVE<br>2 2 2 SOFT/POLITE<br>3 3 3 APOLGETIC<br>4 4 4 ACCENT<br>5 5 5 STUTTER<br>6 6 6 DEEP/HASPY<br>7 7 7 HIGH<br>8 8 8 EFFEMINATE<br>9 9 9 LISP<br>10 10 10 OTHER<br>11 11 11 UNK. |
|                                                                                                                                                           |  | TEETH (08)<br>SUSP. NO.<br>1 2 3                                                                                                                                                                                                                                                                                 | COMPLEXION (09)<br>SUSP. NO.<br>1 2 3                                                                                                                                                                                                                             | SCARS/BIRTHMARKS (10)<br>SUSP. NO.<br>1 2 3                                                                                                                                                                                                                                                            | EYES (11)<br>SUSP. NO.<br>1 2 3                                                                                                                     | SUSPECT WORE (12)<br>SUSP. NO.<br>1 2 3                                                                                                                                                                                          | R/L HANDS (13)<br>SUSP. NO.<br>1 2 3                                                                                                                          |                                                                                                                                                                                                       |
|                                                                                                                                                           |  | 1 1 1 GOLD<br>2 2 2 OTHER DESIGN<br>3 3 3 MISSING/FAIR<br>4 4 4 PROTRUDING<br>5 5 5 DE'FAVED/<br>DIRTY<br>6 6 6 BROKEN<br>7 7 7 VERY WHITE<br>8 8 8 OTHER<br>9 9 9 UNK.                                                                                                                                          | 1 1 1 LIGHT<br>2 2 2 MEDIUM<br>3 3 3 DARK<br>4 4 4 ACNE<br>5 5 5 FINECKLED<br>6 6 6 RUDDY<br>7 7 7 OTHER<br>8 8 8 UNK.                                                                                                                                            | 1 1 1 HEAD<br>2 2 2 NECK<br>3 3 3 HAND<br>4 4 4 ARM<br>5 5 5 BODY<br>6 6 6 OTHER<br>7 7 7 UNK.                                                                                                                                                                                                         | 1 1 1 MISSING<br>2 2 2 CROSSED<br>3 3 3 BULGING<br>4 4 4 SQUINT<br>5 5 5 BLINK<br>6 6 6 AFFLICTED<br>7 7 7 OTHER<br>8 8 8 UNK.                      | 1 1 1 SKI MASK<br>2 2 2 STICKING MASK<br>3 3 3 CAP/HAT<br>4 4 4 COAT<br>5 5 5 JACKET<br>6 6 6 BAND AIDS<br>7 7 7 GLOVES<br>8 8 8 OTHER<br>9 9 9 UNK.                                                                             | 1 1 1 RIGHT<br>2 2 2 LEFT<br>3 3 3 UNK.<br>BUILD (14)<br>SUSP. NO.<br>1 2 3<br>1 1 1 TIGHT<br>2 2 2 MEDIUM<br>3 3 3 HEAVY<br>4 4 4 UNK.                       |                                                                                                                                                                                                       |
| (15) FURTHER SUBJECT DESCRIPTION                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                     |                                                                                                                                                                                                                                  |                                                                                                                                                               |                                                                                                                                                                                                       |
| RAPE - ATTEMPT RAPE M.O.                                                                                                                                  |  | LOCATION OF COMPLAINT (01)<br>(12 HRS. PRIOR TO OFFENSE)                                                                                                                                                                                                                                                         | SOLICITED, OFFERED (02)<br>(PRIOR TO OFFENSE)                                                                                                                                                                                                                     | TELEPHONE (03)                                                                                                                                                                                                                                                                                         | CHARACTERISTICS OF SUSPECT (04)                                                                                                                     |                                                                                                                                                                                                                                  |                                                                                                                                                               |                                                                                                                                                                                                       |
|                                                                                                                                                           |  | 1. BATH<br>2. PARTY<br>3. PLACE OF ENTERTAINMENT<br>(MOVIE, ETC.)<br>4. RESIDENCE<br>(POUN, OTHER)<br>5. SHOPPING<br>6. SCHOOL<br>7. SPORTING EVENT<br>8. PARK<br>9. RECREATION FAC.<br>10. OTHER<br>11. N/A                                                                                                     | 1. FOOD, DRINK, CANDY<br>2. RIDE<br>3. ASSISTANCE INFO.<br>4. MONEY<br>5. DRUGS<br>6. OTHER<br>7. N/A                                                                                                                                                             | 1. PULLED, CUT CORD<br>2. USED CORD<br>3. TO TIE COMP.<br>3. CALLED COMP.<br>(BEFORE, AFT.)<br>4. OTHER<br>5. N/A                                                                                                                                                                                      | 1. UNUSUAL DOOR BODY<br>(DOOR, SMELLS GOOD, ETC.)<br>2. ABNORMAL CEMENTALS<br>3. CALCULATED<br>4. UNABLE TO ACHIEVE<br>ERECTION                     | 5. USED CAMPS NAME<br>6. (OR OTHER FAMILIAR NAME)<br>7. OTHER                                                                                                                                                                    |                                                                                                                                                               |                                                                                                                                                                                                       |
|                                                                                                                                                           |  | SUSPECT'S ACTIONS (05)                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                   | FORCE (06)                                                                                                                                                                                                                                                                                             | COMPLAINANT WAS (07)                                                                                                                                |                                                                                                                                                                                                                                  |                                                                                                                                                               |                                                                                                                                                                                                       |
|                                                                                                                                                           |  | 1. RIPPED, CUT CLOTHING<br>2. TOOK COMPS. CLOTHING<br>3. USED LUBRICANT<br>4. RAPED MORE THAN ONCE<br>5. UNNATURAL SEX ACTS<br>6. OTHER<br>7. N/A                                                                                                                                                                |                                                                                                                                                                                                                                                                   | 1. BOUND COMPLAINANT<br>2. BIT COMPLAINANT<br>3. HIT COMPLAINANT<br>4. SHOT COMPLAINANT<br>5. COVERED COMPS. FACE<br>6. CHOKED COMPLAINANT                                                                                                                                                             | 7. CUT, STABBED<br>8. OTHER<br>9. N/A<br>1. ELDERLY<br>2. MENTALLY RETARDED<br>3. INTOXICATED<br>4. PHYSICALLY HANDICAPPED<br>5. JUVENILE<br>6. N/A |                                                                                                                                                                                                                                  |                                                                                                                                                               |                                                                                                                                                                                                       |
| ROBBERY M.O.                                                                                                                                              |  | SUSPECT'S ACTIONS (01)                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                   | SOLICITED/OFFERED (02)                                                                                                                                                                                                                                                                                 | FORCED COMP. TO (03)                                                                                                                                | COMPLAINANT WAS (04)                                                                                                                                                                                                             |                                                                                                                                                               |                                                                                                                                                                                                       |
|                                                                                                                                                           |  | 1. ASSAULTED COMP.<br>2. BOUND COMP.<br>3. USED NOTE<br>4. DEMANDED JEWELRY<br>5. ASKED FOR CIGARETTES/<br>MERCHANDISE<br>6. SHOWED THEFT INVOLVED<br>7. PURSE SNATCH<br>8. PROSTITUTION INVOLVED                                                                                                                |                                                                                                                                                                                                                                                                   | 9. USED LOOKOUT<br>10. APOLOGETIC<br>11. MADE GESTURES<br>12. SEX ACTS INVOLVED<br>13. USED STOLEN VEHICLE<br>14. SHOTS FIRED<br>15. OTHER<br>16. N/A                                                                                                                                                  |                                                                                                                                                     | 1. AID FOR VEHICLE<br>2. RIDE<br>3. CIGARETTE/LIGHT<br>4. USE PHONE<br>5. INFORMATION<br>6. MONEY                                                                                                                                | 7. SEX<br>8. GUN GAME<br>9. DRUGS<br>10. OTHER<br>11. N/A                                                                                                     | 1. LIE DOWN<br>2. OPEN SAFE<br>3. ENTER REST ROOM<br>4. REAR OF BLDG.<br>5. ENTER VEH. TRUNK<br>6. DISHUIE<br>7. PLACE PROPERTY<br>IN SACK<br>8. OTHER<br>9. N/A                                      |
|                                                                                                                                                           |  | 1. OPENING/CLOSING BUSINESS<br>2. MENTALLY/PHYSICALLY<br>HANDICAPPED<br>3. FEMALE<br>4. ALONE<br>5. INTOXICATED<br>6. GAMBLING<br>7. ELDERLY<br>8. JUVENILE<br>9. N/A                                                                                                                                            |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                     |                                                                                                                                                                                                                                  |                                                                                                                                                               |                                                                                                                                                                                                       |
| BURGLARY - ATTEMPT BURGLARY M.O.                                                                                                                          |  | POINT OF ENTRY (01)                                                                                                                                                                                                                                                                                              | POINT OF EXIT (02)                                                                                                                                                                                                                                                | METHOD OF BREAKING (03)                                                                                                                                                                                                                                                                                |                                                                                                                                                     | INSTRUMENT USED (04)                                                                                                                                                                                                             |                                                                                                                                                               | ALARM (05)                                                                                                                                                                                            |
|                                                                                                                                                           |  | <input type="checkbox"/> FRONT<br><input type="checkbox"/> REAR<br><input type="checkbox"/> SIDE<br>1. DOOR<br>2. WINDOW<br>3. SLIDING GLASS<br>4. DUCT/VENT<br>5. ADJ. BLDG.<br>6. ROOF/FLOOR<br>7. WALL<br>8. OPEN GARAGE<br>9. OVERHEAD DOOR<br>10. OTHER/UNK.                                                | <input type="checkbox"/> FRONT<br><input type="checkbox"/> REAR<br><input type="checkbox"/> SIDE<br>1. DOOR<br>2. WINDOW<br>3. SLIDING GLASS<br>4. DUCT/VENT<br>5. ADJ. BLDG.<br>6. ROOF/FLOOR<br>7. WALL<br>8. OPEN GARAGE<br>9. OVERHEAD DOOR<br>10. OTHER/UNK. | 1. KEY<br>2. SMASH GLASS, GAIN MERCHANDISE<br>3. BROKE/CUT GLASS, GAIN ENTRY<br>4. PRIED/JAMMED<br>5. REMOVED<br>6. CHOPPED/SMASHED<br>7. REMOVED AC/FAN<br>8. BROKE/REMOVED DOOR PANEL<br>9. CUT/BROKE LOCK<br>10. UNLOCKED/NO FORCE<br>11. HIDE IN BLDG.<br>12. REMOVED WINDOWPANE<br>13. OTHER/UNK. |                                                                                                                                                     | 1. KEY<br>2. PRYING TOOL<br>3. SAW/DRILL<br>4. BOLT CUTTER<br>5. CHOPPING TOOL<br>6. HAMMER<br>7. BRICK/ROCK<br>8. CHAN. LOCKS<br>9. GRIPS<br>9. TAPE<br>10. VEHICLE<br>11. BODILY FORCE<br>12. INCENDIARY DEV<br>13. OTHER/UNK. |                                                                                                                                                               | TYPE SYSTEM<br>1. LOCAL<br>2. CENTRAL STA.<br>3. PROPRIETARY<br>4. POLICE<br>5. AUTO DIALER<br>TYPE PROTECTION<br>6. BELL SIREN<br>7. SILENT<br>8. AUDIO<br>9. MOTION<br>10. POINT<br>11. PERIMETER   |
|                                                                                                                                                           |  | BURGLARY ELEMENTS (06)                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                   | SUSPECT'S ACTIONS (07)                                                                                                                                                                                                                                                                                 |                                                                                                                                                     | COMPLAINANT WAS (08)                                                                                                                                                                                                             |                                                                                                                                                               |                                                                                                                                                                                                       |
|                                                                                                                                                           |  | 1. ALARM INOPERATIVE<br>2. BURGLARIZED DURING PAST 12 MOS<br>3. ADMITTEDS. FRANCHISE CUT TRADESMAN DURING PAST<br>7 DAYS (RES. BURGL. ONLY)<br>4. TELEPHONE SURVEY, UNUSUAL CALLS, HANGUPS,<br>WRONG NO. PAST 7 DAYS (RES. BURGL. ONLY)<br>5. HOUSE VACANT UNDER CONST.<br>6. SAFE BREAK/ATTEMPT<br>METHOD _____ |                                                                                                                                                                                                                                                                   | 1. MALICIOUS DESTRUCTION<br>2. REMOVED PRINTS<br>3. USED TOOLS FOUND<br>AT SCENE<br>4. BURGLARY NOT COMPLETED<br>5. ATE/DRANK ON PREMISES<br>6. TURNED LIGHTS ON/OFF<br>7. DEFECATED                                                                                                                   |                                                                                                                                                     | 8. BROKE INTO COMP. UP<br>MACHINE<br>9. KNEW OF<br>HIDDEN CASH<br>10. DEFEATED ATTEMPTED<br>DEFEAT OF ALARM<br>11. TRIPPED ALARM<br>12. OTHER<br>13. N/A                                                                         |                                                                                                                                                               |                                                                                                                                                                                                       |
|                                                                                                                                                           |  | 1. PRESENT<br>2. ABSENT<br>(AD IN PAPER)<br>3. AT FUNERAL<br>4. AT WEDDING<br>5. AT CHURCH<br>6. AT WORK<br>7. AT SCHOOL<br>8. MOVING                                                                                                                                                                            |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                        | 9. OUT OF TOWN<br>10. SHOPPING<br>11. SPORTING EVENT<br>12. PLACE OF<br>ENTERTAINMENT<br>(MOVIE, ETC.)<br>13. OTHER<br>14. UNK.                     |                                                                                                                                                                                                                                  |                                                                                                                                                               |                                                                                                                                                                                                       |

Figure 2-1. Crime Analysis Form for the  
Back of the Model Records System Offense Report







### 3. MODEL RECORDS SYSTEM DESIGN

#### 3.1 Introduction

The Model Records System described in this manual is a case-oriented system, in contrast to a person-oriented system. In this manner, entry as well as extraction of data related to a particular incident is expedited through the use of a single, assigned Incident Number. Law enforcement activities are primarily case-oriented, with cross-references to person-oriented indexes. The exception to this is Arrest Files. While police incidents are generally reviewed, investigated, and processed individually without reference to other police incidents (except where a common perpetrator is known or suspected), the desirability of examining the total local criminal history of a particular individual with a minimum of effort dictates the necessity of filing all Arrest Reports and connecting reports related to a single package or folder. In this manner, an officer seeking information about a particular individual need not spend lengthy periods of time standing by while records are extracted from several different files. Nor is it necessary for a records clerk to search through a multitude of files and drawers to bring together an individual's total arrest history and then refile such information after examination.

The following basic parts make up this system:

- Reports:

- Offense -- Criminal Incidents.



- Miscellaneous Incident--Noncriminal incidents of significance.
  - Vehicle--Stolen, recovered, impounded.
  - Property--Receipt into departmental custody.
  - Supplemental--Supplementary to any other report.
  - Traffic Accident--Vehicle accidents.
  - Arrest--Physical arrest and incarceration
  - Traffic Citations--Traffic offenses.
  - Field Interview--Field contact with suspicious persons.
- Ledgers:
- Incident--Assignment of permanent identifying numbers.
  - Arrest--"Jail blotter."
  - Property--Recordation of receipt of property into departmental custody.
- Files:
- Master Name (Index)--Central alphabetical cross-reference index.
  - Primary--Numerical file of original copies of reported incidents.
  - Arrest Package--All arrest-related documents pertaining to a particular person.



• Numbering Systems:

- Incident--All reported incidents, both criminal and noncriminal.
- Arrest--Identification of individual arrested.

Certain other work documents are either necessary or highly desirable. These include the following:

- Dispatch Card--Radio operator activity record.
- Daily Report--"Newsletter" of significant occurrences.
- Officer's Daily Report--Recapitulation of activities.
- Investigator's Activity--Recapitulation of activities.
- Supervisor's Daily Report--Recapitulation of activities.
- Administrative Report--Statistical summaries.

Some larger agencies may desire more specialized report forms where their use is justified by volume. Two such forms included in the Model Records System are the:

- Worthless Document Report.
- Bicycle Report.

Additionally, larger agencies with specialized investigations



units may opt to use two or more crime-specific Offense Reports. These can range from separate Crime Against Person and Crime Against Property to crime-specific reports for burglary, robbery, and other offenses. A single Offense Report is considered to be adequate for most agencies within the scope of the Model Records System, and exemplars of other crime-specific Offense Reports are not included in this manual.

Exemplars of report forms suitable for use with this system are illustrated and described in detail in subsequent sections of this chapter. Traffic Accident Report and Traffic Citation exemplars have been omitted inasmuch as most States prescribe the formats for such reports.

In all cases except the Field Interview Report and Citations, single, standard, one-sided forms 8-1/2 by 11 inches in size should be used for field reporting. This will serve to simplify report processing, filing, and storage operations.

The Model Records System is somewhat flexible, allowing for expansion or contraction based on the size and needs of a particular agency. The most critical aspect of the system is the field reporting function. Forms have been designed and operating procedures devised that are based upon the concept that field officers know why reports are submitted, how they are to be used, and what pertinent data is to be included. To this extent, the system not only assumes the policy of officers being well trained in these areas but supports this concept



through forms design that combines uniformity and complete documentation in reporting procedures.

Levels of review are proposed to provide the essential involvement of management in report writing; the number of review levels will depend on the size of the adopting agency. It is essential that the results of review be fed back to the originators of reports in a positive manner. This will serve to further upgrade report writing capabilities of field officers.

### 3.2 Reporting Forms

#### 3.2.1 Dispatch Cards

##### 3.2.1.1 Use

The Standard Dispatch Card (see Figure 3-1) is a 3- by 7-inch, prenumbered card used by the dispatcher to record all calls regarding a need for police services. It must also be completed by the dispatcher when field personnel inform the dispatcher that they have initiated action independently of a radio-assigned call. The Administrative Dispatch Card (see Figure 3-2) is similar in format and is provided for recording activities that are primarily administrative in nature (that is, unit reporting out of service for court, reporting of street defects, etc.). The two forms can be color-coded to simplify handling.

The Model Records System provides for a high level of interaction between field officers and dispatchers. All field activity should be accompanied by the recording of a Dispatch Card. An



| STANDARD DISPATCH CARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| NATURE OF INCIDENT <input type="checkbox"/> BELOW <input type="checkbox"/> IN PROGRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <div>REC'D</div> <div>DISP.</div> <div>ARR.</div> <div>COMP.</div> </div> | NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                         | RECEIVED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DISPATCHER |
| COMPLAINANT'S NAME <input type="checkbox"/> REFUSED      TELE. NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                         | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 10px; margin-right: 10px; text-align: center;">             UNIT<br/>ASSIGN           </div> <div>             ACTION TAKEN:<br/> <input type="checkbox"/> TRAF. ACC. RPT.<br/> <input type="checkbox"/> REPORT<br/> <input type="checkbox"/> CIVIL<br/> <input type="checkbox"/> ARREST<br/> <input type="checkbox"/> GOA<br/> <input type="checkbox"/> TRAF. VIOLATION<br/> <input type="checkbox"/> UNFOUNDED<br/> <input type="checkbox"/> RESTORED PEACE<br/> <input type="checkbox"/> ADVISED           </div> </div> |            |
| ADDRESS <input type="checkbox"/> SAME AS LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |
| DISTURBANCE: <input type="checkbox"/> FAMILY <input type="checkbox"/> JUVENILE <input type="checkbox"/> FIGHTING <input type="checkbox"/> VEHICLES<br>ACCIDENT: <input type="checkbox"/> PER. INJ. <input type="checkbox"/> PROP. DAM. <input type="checkbox"/> HIT & RUN <input type="checkbox"/> PRIVATE PROP.<br>PERSON: <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING <input type="checkbox"/> SUSPICIOUS <input type="checkbox"/> DEATH<br>ALARM: <input type="checkbox"/> FIRE <input type="checkbox"/> HOLD UP <input type="checkbox"/> BURGLARY <input type="checkbox"/> SILENT<br>OTHER: <input type="checkbox"/> LARCENY <input type="checkbox"/> BURGLARY <input type="checkbox"/> STO. AUTO <input type="checkbox"/> MAL MIS<br><input type="checkbox"/> AMBULANCE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHOTS <input type="checkbox"/> ASSISTANCE |  |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | OTHER                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |

| PERSONS                   |           |          |                               |      |      |      |      | <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <div>DESCRIPT</div> <div>BCAST</div> <div>NOTIFICATIONS MADE</div> </div> |                                                                                     |
|---------------------------|-----------|----------|-------------------------------|------|------|------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| NO.<br>1                  | SEX       | DESCENT  | AGE                           | HGT. | WGT. | HAIR | EYES |                                                                                                                                                         | NOTIFICATIONS <input type="checkbox"/> AMBULANCE <input type="checkbox"/> FIRE DEPT |
|                           | COMP      | GLASSES  | CLOTHING                      |      |      |      |      |                                                                                                                                                         | <input type="checkbox"/> WRECKER                                                    |
| NO.<br>2                  | SEX       | DESCENT  | AGE                           | HGT. | WGT. | HAIR | EYES |                                                                                                                                                         | NAME                                                                                |
|                           | COMP      | GLASSES  | CLOTHING                      |      |      |      |      |                                                                                                                                                         | TELEPHONE NO    BASIS <input type="checkbox"/> OWNER'S REQUEST                      |
| DIRECTION OF FLIGHT<br>ON |           |          |                               |      |      |      |      | <input type="checkbox"/> ROTATION <input type="checkbox"/> NEAREST AVAIL                                                                                |                                                                                     |
| VEHICLE                   |           |          |                               |      |      |      |      | DEPT MEMBERS NOTIFIED TITLE, NAME, TIME                                                                                                                 |                                                                                     |
| MAKE                      | MODEL     | YEAR     | OTHER IDENTIFYING INFORMATION |      |      |      |      | ADDITIONAL INFORMATION                                                                                                                                  |                                                                                     |
| BODY STYLE                |           | COLOR    |                               |      |      |      |      |                                                                                                                                                         |                                                                                     |
| LIC. NO.                  |           | LIC. YR. |                               |      |      |      |      |                                                                                                                                                         |                                                                                     |
| STATE                     | LIC. TYPE |          |                               |      |      |      |      |                                                                                                                                                         |                                                                                     |
|                           |           |          |                               |      |      |      |      | NOTIFIED BY <input type="checkbox"/> DISPATCHER                                                                                                         |                                                                                     |

Figure 3-1. Standard Dispatch Card



# ADMINISTRATIVE DISPATCH CARD

|                                       |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |        |       |            |  |                                          |
|---------------------------------------|--|----------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|-------|------------|--|------------------------------------------|
| UNIT NO.                              |  | LOCATION                                                                   |  | REVERSE USED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                          |       | NUMBER |       |            |  |                                          |
| TELEPHONE NO.                         |  | PERSON NOTIFIED OR TO BE CONTACTED                                         |  | REC'D                                                                                                                                                                                                                                                                                                                                                                                                                                          | DISP. | ARR.   | COMP. |            |  |                                          |
|                                       |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |        |       | DISPATCHER |  | <input type="checkbox"/> SUBJECT TO CALL |
| EXTERNAL                              |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |        |       | INTERNAL   |  |                                          |
| <input type="checkbox"/> CONDITION    |  | <input type="checkbox"/> STREET LIGHT OUT                                  |  | <input type="checkbox"/> BREAK <input type="checkbox"/> REPAIRS <input type="checkbox"/> SERVICE<br><input type="checkbox"/> STREET DEFECT <input type="checkbox"/> TRAFFIC LIGHT OUT<br>OTHER _____<br>_____<br>_____                                                                                                                                                                                                                         |       |        |       |            |  |                                          |
| NOTIFIED:                             |  | <input type="checkbox"/> PERSON ABOVE <input type="checkbox"/> FIRE DEPT.  |  | <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> RADIO SERVICE<br><input type="checkbox"/> TRAFFIC CIT. <input type="checkbox"/> RETURN TO STATION<br><input type="checkbox"/> TRANSPORT. <input type="checkbox"/> PATROLLING ON FOOT<br><input type="checkbox"/> COURT <input type="checkbox"/> MEET UNIT _____<br>OTHER: _____<br><input type="checkbox"/> CALL STATION <input type="checkbox"/> CALL NO. ABOVE<br>REMARKS: _____ |       |        |       |            |  |                                          |
| <input type="checkbox"/> STREET DEPT. |  | <input type="checkbox"/> TRAFFIC DEPT. <input type="checkbox"/> PARK DEPT. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |        |       |            |  |                                          |
| <input type="checkbox"/> OTHER _____  |  | _____                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |        |       |            |  |                                          |

|                                                                                                             |       |              |         |                                                                             |      |                   |      |              |       |
|-------------------------------------------------------------------------------------------------------------|-------|--------------|---------|-----------------------------------------------------------------------------|------|-------------------|------|--------------|-------|
| FILE CHECKS                                                                                                 |       | SEARCHED BY: |         |                                                                             |      | SERIAL            |      |              |       |
| VEHICLE                                                                                                     |       |              |         | PERSON                                                                      |      |                   |      | PROPERTY     |       |
| <input type="checkbox"/> WANTED ONLY <input type="checkbox"/> REGISTRATION AND WANTED                       |       |              |         | <input type="checkbox"/> WANTED ONLY <input type="checkbox"/> OPR'S LICENSE |      |                   |      | SERIAL NO.   |       |
| YEAR                                                                                                        | STATE | LIC. NO.     | TYPE    | NAME (LAST, FIRST, MIDDLE)                                                  |      |                   |      | DESCRIPTION: |       |
| MAKE                                                                                                        | MODEL | YEAR         | ADDRESS |                                                                             |      |                   |      |              |       |
| BODY STYLE                                                                                                  | COLOR | IDENT. NO.   | DOB     | OPR'S LIC. NO.                                                              |      |                   |      |              |       |
| LISTED TO                                                                                                   |       |              | SEX     | DESCENT                                                                     | AGE  | HGT.              | WGT. |              | BUILD |
| ADDRESS                                                                                                     |       |              | COMP.   | HAIR                                                                        | EYES | BEARD, MUST, ETC. |      |              |       |
| VEHICLE IF DIFFERENT FROM ABOVE:                                                                            |       |              |         |                                                                             |      |                   |      |              |       |
|                                                                                                             |       |              |         |                                                                             |      |                   |      |              |       |
| <input type="checkbox"/> NOT WANTED <input type="checkbox"/> NOT IN FILE <input type="checkbox"/> NO RECORD |       |              |         | STOLEN OR WANTED FOR<br>COMPLAINT NO. OR AUTHORITY: _____                   |      |                   |      |              |       |

Figure 3-2. Administrative Dispatch Card



officer should never stop a car, question a person, or leave his car without notifying the dispatcher. The status of all officers on duty should be known at all times. By recording all field activity, the Dispatch Cards provide a measure of protection for the officer, in addition to being a basis for workload analysis and resource allocation.

The Dispatch Card forms are designed to simplify the recording of most pertinent information by checking the appropriate boxes. The use of a time stamp for recording time of receipt of a call, time of dispatch, time of unit arrival, and time call completed facilitates completion of the forms.

The Dispatch Cards serve several important functions. They:

- Provide a standardized record of all incidents requiring the dispatch of a police unit and/or incidents originated by field units.
- Provide a standardized record of the location of a unit while the unit is out of service.
- Provide a means for records personnel to conduct a daily audit to ensure that required reports have been completed and forwarded.
- Serve as a basis for compilation of a daily report of field incidents.

The Dispatch Cards provide for only the most rudimentary disposition information. Detailed disposition information is reported either in the reports completed in connection with the call or in the Officer's Daily Report (see Section 3.2.16). This factor serves to reduce the



unnecessary use of radio time while, at the same time, eliminating the possibility of error resulting from radio transmission from field unit to Dispatcher.

#### 3.2.1.2 Distribution and Filing

After the Dispatch Cards have been reviewed for audit purposes, reviewed in preparation of a daily report, and routed to the appropriate location (depending on the particular agency) for extraction of data pertaining to workload studies, manpower allocation, statistical reporting, and other factors, the cards are filed numerically, stored for approximately one year, and then destroyed.

The number assigned to each Dispatch Card is not a case number and is not cross-referenced to other numbers assigned to reports. The sole purpose is to facilitate sorting into a generally chronological sequence, should later review be necessary.

Dispatch Cards should not be filed in and among other reports related to the incident. The form size makes such storage unwieldy, and the volume adds unnecessary bulk to necessary files. The selection of suitable storage for the cards should take into consideration the fact that, in almost all instances, the cards will never be examined again.

#### 3.2.2 Incident Ledger

##### 3.2.2.1 Use

Just as the traditional jail blotter serves as a permanent record of persons arrested and incarcerated by a law enforcement agency, the Incident Ledger serves as a primary chronological record of reported field incidents, as well as a report audit source (see Figure 3-3). In



## PAGE \_\_\_\_\_

[illegible]

Figure 3-3. Incident Ledger



addition, it serves as a chronological crossfile, a geographical-location crossfile, and a type-of-incident crossfile to all reported incidents. In these respects, the ledger is not so efficient as regular index card crossfiles, but it also does not require the work (and space) to maintain or to purge. This is particularly important for those agencies that do not have sufficient clerical personnel to maintain voluminous crossfiles.

All entries on the Incident Ledger are sequentially numbered. Upon completion of an Offense Report, Vehicle Report, Miscellaneous Incident Report, Traffic Accident Report, or Property Report, the reporting officer will obtain an Incident Number from the person maintaining the Incident Ledger. This can be the Dispatcher or a records clerk, depending on the size and organizational complexity of the particular agency. The Incident Number should not be obtained by radio so as to conserve air-time for more important needs.

- Multiple incidents arising from the same occurrence require only one Incident Number. Generally, this number should be assigned to the most serious reported incident or the incident occurring first in a span of time.
- Incidents not reported on the specific forms listed above should not be assigned a number from the Incident Ledger.

Appropriate identifying information should be entered in the Incident Ledger:



- Date and time of occurrence.
- Type of occurrence.
- Location.
- Victim or, if none, principal person involved.
- Officer reporting.
- Other reports made under the same Incident

Number.

#### 3.2.2.2 Numbering System

There are perhaps as many numbering systems as there are police departments. One of the most effective and simple systems involves starting with number "1" each January first, with the number preceded by the last two digits of the year (that is, 78-00001). If desired, Traffic Accident Report Numbers can be distinguished by adding the letter "T" (that is, 78-00002-T). This system provides for a swift determination of the number of reports completed at any point during the year, as well as automatically indicating the total for the year. The system is simple in operation while readily identifying each specific incident.

#### 3.2.2.3 Filing

Since Incident Ledger pages will be kept in book form and not filed as are other reports, if desired a ledger page of larger size can be substituted for the 8-1/2- by 11-inch exemplar illustrated in Figure 3-3.

#### 3.2.2.4 Special Considerations

In agencies where the report volume is low, the Incident Ledger can suffice for dispatch recording. If the two types of information are recorded on a single ledger form, care must be taken to ensure that



Incident Numbers are assigned to only those incidents that require reporting on one or more of the prescribed forms.

Another possibility is use of a so-called FCC Log to record all transmissions. Inasmuch as Federal Communications Commission records regulations require only signatures of dispatchers on each shift and signatures of equipment repairman when maintenance or repair are necessary, a very simple form providing only for the entry of this specific information suffices for an FCC Log. However, if all radio transmissions are recorded on paper (in contrast to tape), the log can serve as a combined record of the Incident Ledger and Dispatch Card Information, or as a combination of only the Dispatch Card information and those signatures required by the FCC, or of all three. However, it should be stressed that care must be taken to assign Incident Numbers only to those incidents reported on prescribed forms. Moreover, consolidation of these forms is practical only when radio traffic and reportable incidents are of low volume.

### 3.2.3 Daily Report

#### 3.2.3.1 Use

The Daily Report (see Figure 3-4) serves as an intraagency newsletter of significant occurrences. Smaller departments may wish to list every call dispatched. Departments with considerable call volume will need to be somewhat selective in identifying the types of incidents to be listed; otherwise, the size of the report will reduce its value. The report should include all incidents of major agency interest, both criminal and non-criminal, occurring during a designated 24-hour period. The report is



## Date \_\_\_\_\_

Figure 3-4. Daily Report



intended primarily to brief personnel on matters of agency interest.

The Daily Report should be maintained either by the dispatcher or by records personnel. The primary sources of information are selected Dispatch Cards and entries in the Incident Ledger. If the same person is not responsible for both tasks, it will be necessary to coordinate the entry of information from both sources. Incidents not routinely coming to the attention of the person compiling the Daily Report, but which should be included, must be reported for inclusion by the officer handling the incident (for example, an arrest by investigative personnel, or completion of an Offense Report not related to a radio transmission).

Entries should include:

- Time of occurrence.
- Type of incident.
- Location.
- Officer or Unit assigned.
- Remarks:
  - A very brief explanation of why an entry was made (that is, "\$20,000 in jewelry taken" or "arrestee is school principal's brother," etc.
  - Incidents for which an Incident Number and/or Arrest Number is used to report the occurrence should be identified by inclusion of the number (that is, "School principal's brother, Arrest">#4753-78" or "Offense Report #78-014785"). Thus,



- interested personnel can easily locate the pertinent reports for more details.

The Daily Report should be audited daily by records personnel to ensure that all appropriate incidents have been formally reported and that appropriate reports have been completed and submitted.

#### 3.2.3.2 Distribution

Pertinent information should be presented at rollcall to personnel coming on duty. Additional distribution is a matter for internal determination. The original copy should be filed by date for approximately 1 year and then destroyed.

#### 3.2.3.3 Special Considerations

Where incident volume is low, the Incident Ledger and the Daily Report can be combined. If these forms are combined, care must be taken to ensure that Incident Numbers are assigned to only those entries that require reporting on one of the prescribed report forms. In this case, the "Remarks" column would more appropriately be entitled "Disposition."

#### 3.2.4 Offense Report

##### 3.2.4.1 Use

The Offense Report (see Figure 3-5) is used to record the circumstances of all criminal offenses coming to the attention of the police, regardless of the value of property taken, extent of injury, or likelihood of successful prosecution except:

- Vehicle thefts (reported on the Vehicle Report).
- Traffic and other citable violations disposed of



| 1. INCIDENT NO.                                                                                                                                                                                                         |  | OFFENSE REPORT                 |         |                                                                                                                                                                                                                       |                       |                                   |       |                                         |                |                                 |                            |                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|-------|-----------------------------------------|----------------|---------------------------------|----------------------------|---------------------------------------------------------------------------|--|
| 2. VICTIM'S NAME (Firm name if business)                                                                                                                                                                                |  |                                |         | 3. ADDRESS                                                                                                                                                                                                            |                       |                                   |       | 4. RES. PHONE                           |                | 5. BUS. PHONE                   |                            |                                                                           |  |
| 6. OFFENSE                                                                                                                                                                                                              |  |                                |         | 7. LOCATION NUMBER                                                                                                                                                                                                    |                       | STREET                            |       | APT.                                    |                | 8. R.D.                         |                            |                                                                           |  |
| 10. DATE AND TIME OCCURRED                                                                                                                                                                                              |  |                                |         | 11. DAY OF WEEK                                                                                                                                                                                                       |                       | 12. WEATHER CONDITIONS            |       |                                         |                | 13. DATE AND TIME REPORTED      |                            |                                                                           |  |
| 14. PERSON REPORTING CRIME TO POLICE                                                                                                                                                                                    |  |                                |         | 15. RESIDENCE ADDRESS                                                                                                                                                                                                 |                       |                                   |       | 16. RES. PHONE                          |                | 17. BUS. PHONE                  |                            |                                                                           |  |
| 18. PERSON DISCOVERING CRIME                                                                                                                                                                                            |  |                                |         | 19. RESIDENCE ADDRESS                                                                                                                                                                                                 |                       |                                   |       | 20. RES. PHONE                          |                | 21. BUS. PHONE                  |                            |                                                                           |  |
| 22. WITNESS: NAME                                                                                                                                                                                                       |  | SEX                            | DESCENT | AGE                                                                                                                                                                                                                   | 23. RESIDENCE ADDRESS |                                   |       |                                         | 24. RES. PHONE |                                 | 25. BUS. PHONE             |                                                                           |  |
| (A)                                                                                                                                                                                                                     |  |                                |         |                                                                                                                                                                                                                       |                       |                                   |       |                                         |                |                                 |                            |                                                                           |  |
| (B)                                                                                                                                                                                                                     |  |                                |         |                                                                                                                                                                                                                       |                       |                                   |       |                                         |                |                                 |                            |                                                                           |  |
| (C)                                                                                                                                                                                                                     |  |                                |         |                                                                                                                                                                                                                       |                       |                                   |       |                                         |                |                                 |                            |                                                                           |  |
| 26. VICTIM'S OCCUPATION                                                                                                                                                                                                 |  |                                |         | 27. TYPE OF PREMISES OF CRIME                                                                                                                                                                                         |                       |                                   |       | 28. WHERE WAS VICTIM?                   |                |                                 |                            |                                                                           |  |
| 29. WHAT WAS VICTIM DOING?                                                                                                                                                                                              |  |                                |         | 30. VICTIM'S CONDITION<br>SOBER <input type="checkbox"/> HBD <input type="checkbox"/> INFLUENCE <input type="checkbox"/> INTOX. <input type="checkbox"/> DRUGS <input type="checkbox"/> UNK. <input type="checkbox"/> |                       |                                   |       |                                         |                | 31. LOCATION OF PROPERTY STOLEN |                            |                                                                           |  |
| 32. TOOL, WEAPON OR MEANS USED                                                                                                                                                                                          |  |                                |         | 33. METHOD USED TO COMMIT CRIME                                                                                                                                                                                       |                       |                                   |       | 34. OBJECT OF ATTACK OR PROPERTY STOLEN |                |                                 |                            |                                                                           |  |
| 35. VALUE OF PROP.                                                                                                                                                                                                      |  | 36. TRADEMARK OR UNUSUAL EVENT |         |                                                                                                                                                                                                                       |                       | 37. POINT OF ENTRY                |       | 38. NO. SUSPECTS                        |                | SEX                             | DESCENT                    | AGE                                                                       |  |
| 39. VEHICLE FROM WHICH THEFT OCCURRED                                                                                                                                                                                   |  |                                |         | YEAR                                                                                                                                                                                                                  | COLORS                | YR. STATE, LIC.                   |       | OTHER IDENTIFYING MARKS                 |                |                                 |                            |                                                                           |  |
| MAKE                                                                                                                                                                                                                    |  | MODEL                          |         | BODY STYLE                                                                                                                                                                                                            |                       |                                   |       |                                         |                |                                 |                            |                                                                           |  |
| 40. SUSPECT                                                                                                                                                                                                             |  | SEX                            | DESCENT | AGE                                                                                                                                                                                                                   | HEIGHT                | WEIGHT                            | BUILD | COMPLEXION                              | EYES           | HAIR                            | BEARD, MUSTACHE, SIDEBURNS |                                                                           |  |
| 41. SCARS, MARKS, DEFORMITIES                                                                                                                                                                                           |  |                                |         | 42. GLASSES (Describe)                                                                                                                                                                                                |                       |                                   |       | 43. CLOTHING WORN                       |                |                                 |                            |                                                                           |  |
| 44. SPEECH CHARACTERISTICS                                                                                                                                                                                              |  |                                |         | 45. WHAT DID SUSPECT SAY?                                                                                                                                                                                             |                       |                                   |       |                                         |                |                                 |                            | 46. ARRESTED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 47. VEHICLE USED BY SUSPECT                                                                                                                                                                                             |  | BODY STYLE                     |         | YEAR                                                                                                                                                                                                                  | COLORS                | YR. STATE, LIC.                   |       | OTHER IDENTIFYING MARKS                 |                |                                 |                            |                                                                           |  |
| MAKE                                                                                                                                                                                                                    |  | MODEL                          |         |                                                                                                                                                                                                                       |                       |                                   |       |                                         |                |                                 |                            |                                                                           |  |
| 48. KIND OF PROPERTY RECOVERED                                                                                                                                                                                          |  |                                |         | 49. VALUE                                                                                                                                                                                                             |                       | 50. NAME OF INVESTIGATOR NOTIFIED |       |                                         |                | 51. DATE AND TIME               |                            |                                                                           |  |
| 52. NARRATIVE: Include description of evidence obtained and disposition, detailed description of property taken, general resume of crime, etc. Describe additional suspects and/or witnesses, arrest number and charge. |  |                                |         |                                                                                                                                                                                                                       |                       |                                   |       |                                         |                |                                 |                            |                                                                           |  |
| 53. REPORT MADE BY                                                                                                                                                                                                      |  |                                |         | EMPLOYEE NO.                                                                                                                                                                                                          |                       |                                   |       | 54. INDEXED BY                          |                | DATE                            |                            |                                                                           |  |
| 55. APPROVED BY                                                                                                                                                                                                         |  |                                |         | EMPLOYEE NO.                                                                                                                                                                                                          |                       |                                   |       | 56. BULLETIN BY                         |                | DATE                            |                            |                                                                           |  |
| 57. ASSIGNED TO                                                                                                                                                                                                         |  |                                |         | EMPLOYEE NO.                                                                                                                                                                                                          |                       |                                   |       | 58. NCIC ENTRY BY                       |                | DATE                            |                            |                                                                           |  |
| 59. (LEAD BY (Name))                                                                                                                                                                                                    |  |                                |         | ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> INACTIVE <input type="checkbox"/> EXCEPTIONAL <input type="checkbox"/>                                                                             |                       |                                   |       | 60. CLEARANCE APPROVED BY               |                |                                 |                            |                                                                           |  |

Figure 3-5. Offense Report



by means of a Citation.

- Offenses that do not involve a crime against property or specific persons, for which an arrest is made (for example, carrying a concealed weapon, possession of narcotics, prostitution).
- Offenses or incidents reported on the optional Worthless Document Report (see Section 3.2.20) or Bicycle Report (see Section 3.2.21).

An Incident Number is assigned as described in Section 3.2.2.2.

#### 3.2.4.2. Distribution and Filing

The original is filed by Incident Number in the Primary File.

Additional copies are distributed as determined by agency needs:

- Chief.
- Investigative unit.
- Arrest Package (attached to copy of connected Arrest Report).
- Officer's Information File.
- Crime analysis unit.
- Other, as required.

Offense Reports should be indexed as follows:

- Master Name File -- Alphabetically by name of victim or principal person involved.
- Property File (Optional) -- Other than the Master Name File, this is the most important



index file in terms of potential benefit. Even so, the volume of reported offenses must be such that a clear and pressing need for the file exists in terms of usage. It should be divided into two categories:

- Property accepted into agency custody as found, evidence, or for safekeeping (the volume of property accepted may not justify a file and the Property Ledger described in Section 3.2.11 can suffice).
- Reported stolen property that is identifiable but which is not appropriate for entry in State or NCIC files. If stolen property is of a class suitable for entry into State or national computer files and is so entered, there is not sufficient value in creating a duplicate entry in a local file to justify the work involved.
- Within each category, index cards should be filed by type of item, by date. Further subdivisions by serial number, inscriptions, or other identifiers are not necessary



since, in almost all cases, a search  
will commence with the type of item.

- Location of Incident File (Optional) -- By street address or, if none, by other identifying factors, by date. A clear and continuing need should exist before a Location of Incident File is established. The additional work of creating, maintaining, and purging the file must be weighed against the frequency and value of its use in relation to the frequency and the work involved in developing similar information by means of a hand tally from the Incident Ledger or the Primary File.
- Type of Incident File (Optional) -- Although this is a commonly maintained file, it is seldom of significant value in any but large agencies whose records are not computerized. The standard justification is to assist in preparing monthly statistical reports, both internal and for State and Federal agencies. Data compilation for such reports can often be performed more simply by establishing a tally position in the report processing operation and recording the desired information by hand tallying.



Clerical labor is reduced and the necessity of maintaining another voluminous file is eliminated.

### 3.2.5 Miscellaneous Incident Report

#### 3.2.5.1 Use

The Miscellaneous Incident Report (see Figure 3-0) is used to record officially and permanently actions of officers and/or incidents not reported on either the Offense, Traffic Accident, Vehicle, or Property Report. Usage is limited to noncriminal situations of such importance that a detailed official record is desirable. Examples of such situations are:

- Industrial injury.
- Missing person.
- Dog bite.
- Rabid animal destroyed by officer.
- Lost property reported.
- Dangerous excavation.
- Suicide or attempted suicide (even if considered to be a crime).

The Incident Number is assigned as described in Section 3.2.2.2.

#### 3.2.5.2 Distribution and Filing

The original is filed by Incident Number in the Primary File. Additional copies are distributed as determined by agency needs:

- Chief.
- Investigative unit.



| MISCELLANEOUS INCIDENT REPORT                              |         |     |        |                                                                                 |       |            |      |                        |                             |                                  |                      |               |  |
|------------------------------------------------------------|---------|-----|--------|---------------------------------------------------------------------------------|-------|------------|------|------------------------|-----------------------------|----------------------------------|----------------------|---------------|--|
| 1. INCIDENT NO.                                            |         |     |        |                                                                                 |       |            |      |                        |                             |                                  |                      |               |  |
| 2. PERSON INVOLVED (primary)                               |         |     |        | 3. ADDRESS                                                                      |       |            |      | 4. RES. PHONE          |                             |                                  |                      | 5. BUS. PHONE |  |
| 6. TYPE OF INCIDENT                                        |         |     |        | 7. LOCATION NUMBER STREET APT.                                                  |       |            |      | 8. R.O.                |                             | 9. CONNECTED REPORTS AND NUMBERS |                      |               |  |
| 10. DATE AND TIME OCCURRED                                 |         |     |        | 11. DATE AND TIME REPORTED                                                      |       |            |      | 12. PERSON(S) NOTIFIED |                             |                                  |                      |               |  |
| 13. PERSON REPORTING                                       |         |     |        | 14. RESIDENCE ADDRESS                                                           |       |            |      | 15. RES. PHONE         |                             | 16. BUS. PHONE                   |                      |               |  |
| 17. WITNESS NAME                                           |         |     |        | 18. RESIDENCE ADDRESS                                                           |       |            |      | 19. RES. PHONE         |                             | 20. BUS. PHONE                   |                      |               |  |
| 21. EXTENT OF INJURY                                       |         |     |        | 22. CAUSE                                                                       |       |            |      | 23. TRANSPORTED TO     |                             | 24. TRANSPORTED BY               |                      |               |  |
| INJURY                                                     |         |     |        |                                                                                 |       |            |      |                        |                             |                                  |                      |               |  |
| MISSING PERSON                                             |         |     |        | 25. LAST SEEN (location, date, time)                                            |       |            |      | 26. IN COMPANY OF      |                             |                                  |                      |               |  |
| 27. CAUSE OF ABSENCE                                       |         |     |        | 28. VEHICLE USED? YES <input type="checkbox"/> NO <input type="checkbox"/>      |       |            |      | 29. OCCUPATION         |                             | 30. BUS. ADDRESS                 |                      |               |  |
| (If so, describe below)                                    |         |     |        |                                                                                 |       |            |      |                        |                             |                                  |                      |               |  |
| 31. SEX                                                    | DESCENT | AGE | HEIGHT | WEIGHT                                                                          | BUILD | COMPLEXION | EYES | HAIR                   | BEARD, MUSTACHE, SIDE BURNS | 32. PHYSICAL CONDITION           | 33. MENTAL CONDITION |               |  |
| 34. SCARS, MARKS, DEFORMITIES                              |         |     |        | 35. GLASSES (describe)                                                          |       |            |      | 36. CLOTHING WORN      |                             |                                  |                      |               |  |
| 37. PROBABLE DESTINATION                                   |         |     |        | 38. MISSING PREVIOUSLY YES <input type="checkbox"/> NO <input type="checkbox"/> |       |            |      | 39. IF SO, DATE        |                             | 40. IF SO, WHERE LOCATED         |                      |               |  |
| ANIMAL (If person injured, also complete "injury" section) |         |     |        | 41. DESCRIPTION OF ANIMAL                                                       |       |            |      |                        |                             | 42. DISPOSITION                  |                      |               |  |
| 43. OWNER                                                  |         |     |        | 44. RESIDENCE ADDRESS                                                           |       |            |      | 45. RES. PHONE         |                             | 46. BUS. PHONE                   |                      |               |  |
| OTHER INCIDENT                                             |         |     |        | 47. DESCRIBE:                                                                   |       |            |      |                        |                             |                                  |                      |               |  |
| 48. DETAILS:                                               |         |     |        |                                                                                 |       |            |      |                        |                             |                                  |                      |               |  |
|                                                            |         |     |        |                                                                                 |       |            |      |                        |                             |                                  |                      |               |  |
| 49. REPORT MADE BY                                         |         |     |        | EMPLOYEE NO.                                                                    |       |            |      | 50. INDEXED BY         |                             | DATE                             |                      |               |  |
| 51. APPROVED BY                                            |         |     |        | EMPLOYEE NO.                                                                    |       |            |      | 52. BULLETIN BY        |                             | DATE                             |                      |               |  |
| 53. ASSIGNED TO                                            |         |     |        | EMPLOYEE NO.                                                                    |       |            |      | 54. RE-ENTRY BY        |                             | DATE                             |                      |               |  |

Figure 3-6. Miscellaneous Incident Report



- Officer's Information File.
- Other, as required.

Miscellaneous Incident Reports should be indexed as follows:

- Master Name File -- Alphabetically by name of victim or principal person involved.
- Location of Incident (Optional) -- See remarks under Location of Incident File in Section 3.2.4.3.
- Type of Incident File (Optional) -- See remarks under Type of Incident File in Section 3.2.4.3.

### 3.2.6 Vehicle Report

#### 3.2.6.1 Use

The Vehicle Report (see Figure 3-7) is used to report the circumstances of stolen, recovered, and impounded vehicles. An Incident Number is assigned as described in Section 3.2.2.2. A report of a recovered vehicle that was stolen locally should be reported under the Incident Number assigned to the original Stolen Vehicle Report.

#### 3.2.6.2 Distribution and Filing

The original should be filed as follows:

- Recovered Vehicles -- If the vehicle was stolen locally, the original should be attached to the related Stolen Vehicle Report in the Primary File. Otherwise, it should be filed by Incident Number in the Primary File.



| VEHICLE REPORT                                                                                                                                                                           |  |                                                                                  |  |                                                                                                                           |               |                                                                           |               |                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------|---------------|-------------------------------------------------------------------|--|
| 1. INCIDENT NO.                                                                                                                                                                          |  |                                                                                  |  |                                                                                                                           |               |                                                                           |               |                                                                   |  |
| 2. VEHICLE OWNER                                                                                                                                                                         |  | 3. RES. ADDRESS                                                                  |  |                                                                                                                           | 4. RES. PHONE |                                                                           | 5. BUS. PHONE |                                                                   |  |
| 6. THEFT <input type="checkbox"/> THEFT AND RECOVERY <input type="checkbox"/> RECOVERY FOR OTHER JURIS <input type="checkbox"/> IMPOUND <input type="checkbox"/>                         |  | 7. LOCATION OF OCCURRENCE:                                                       |  |                                                                                                                           |               |                                                                           |               | 8. R.D.                                                           |  |
|                                                                                                                                                                                          |  | NUMBER                                                                           |  | STREET                                                                                                                    |               | APT                                                                       |               |                                                                   |  |
| 9. DATE AND TIME OCCURRED                                                                                                                                                                |  | 10. DAY OF WEEK                                                                  |  | 11. WEATHER CONDITIONS                                                                                                    |               | 12. DATE AND TIME REPORTED                                                |               |                                                                   |  |
| 13. TYPE OF PREMISES                                                                                                                                                                     |  | 14. VEHICLE DESCRIPTION                                                          |  |                                                                                                                           |               |                                                                           |               |                                                                   |  |
|                                                                                                                                                                                          |  | MAKE                                                                             |  |                                                                                                                           |               | MODEL                                                                     |               |                                                                   |  |
| 15. VIN. NO.                                                                                                                                                                             |  | 16. OTHER IDENTIFYING MARKS                                                      |  |                                                                                                                           |               | 17. DECALS                                                                |               |                                                                   |  |
| 18. ACCESSORIES HEATER <input type="checkbox"/> SPOTLIGHT <input type="checkbox"/>                                                                                                       |  | 19. CYLINDERS                                                                    |  | 20. TRANSMISSION                                                                                                          |               | 21. POWER EQUIP. SEAT <input type="checkbox"/>                            |               | 22. VALUE                                                         |  |
| RADIO <input type="checkbox"/> TAPE DECK <input type="checkbox"/> AIR COND. <input type="checkbox"/>                                                                                     |  | 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> |  | STAND. <input type="checkbox"/> AUTO <input type="checkbox"/>                                                             |               | WINDOWS <input type="checkbox"/>                                          |               | BRAKES <input type="checkbox"/> STEERING <input type="checkbox"/> |  |
| 23. INDICATE DAMAGE BY LOCATION                                                                                                                                                          |  | 24. PERSONAL PROP. IN VEH.                                                       |  | 25. MILEAGE                                                                                                               |               | 26. IGNITION LOCKED?                                                      |               | 27. DOORS LOCKED?                                                 |  |
|                                                                                                                                                                                          |  | YES <input type="checkbox"/> (describe below) NO <input type="checkbox"/>        |  |                                                                                                                           |               | YES <input type="checkbox"/> NO <input type="checkbox"/>                  |               | YES <input type="checkbox"/> NO <input type="checkbox"/>          |  |
| 28. TITLE HOLDER (If financed-name of institution)                                                                                                                                       |  | 29. ADDRESS                                                                      |  |                                                                                                                           |               | 30. PHONE                                                                 |               | 31. DATE LAST PAYMENT                                             |  |
| 32. PERSON LAST DRIVING VEHICLE                                                                                                                                                          |  | 33. ADDRESS                                                                      |  |                                                                                                                           |               | 34. RES. PHONE                                                            |               | 35. BUS. PHONE                                                    |  |
| 36. VEHICLE INSURED BY WHAT COMPANY                                                                                                                                                      |  | 37. ADDRESS                                                                      |  |                                                                                                                           |               | 38. ANYONE GIVEN PERMISSION TO DRIVE?                                     |               |                                                                   |  |
|                                                                                                                                                                                          |  |                                                                                  |  |                                                                                                                           |               | YES <input type="checkbox"/> (describe below) NO <input type="checkbox"/> |               |                                                                   |  |
| 39. WHERE WAS PERSON LAST DRIVING AT TIME OF THEFT?                                                                                                                                      |  |                                                                                  |  | 40. SOBRIETY OF THAT PERSON                                                                                               |               |                                                                           |               |                                                                   |  |
|                                                                                                                                                                                          |  |                                                                                  |  | SOBER <input type="checkbox"/> HBD <input type="checkbox"/> INTOX. <input type="checkbox"/> UNK. <input type="checkbox"/> |               |                                                                           |               |                                                                   |  |
| 41. IF RECOVERED/IMPOUNDED, STATE DISPOSITION                                                                                                                                            |  |                                                                                  |  | 42. PREVIOUS THEFT? IF YES, DATE AND LOCATION OF THEFT AND RECOVERY                                                       |               |                                                                           |               |                                                                   |  |
|                                                                                                                                                                                          |  |                                                                                  |  | YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                  |               |                                                                           |               |                                                                   |  |
| 43. BROADCAST AUTHORIZED BY:                                                                                                                                                             |  | 44. BROADCAST BY:                                                                |  |                                                                                                                           |               | 45. DATE AND TIME BROADCAST                                               |               |                                                                   |  |
| 46. INFORMATION TO                                                                                                                                                                       |  | 47. HOLD FOR:                                                                    |  |                                                                                                                           |               | 48. REASON:                                                               |               |                                                                   |  |
| C.I.D. <input type="checkbox"/> D.P.S. <input type="checkbox"/> SHERIFF <input type="checkbox"/> RADIO <input type="checkbox"/>                                                          |  |                                                                                  |  |                                                                                                                           |               |                                                                           |               |                                                                   |  |
| 49. NARRATIVE: INCLUDE WITNESSES NAMES, ADDRESSES, TELEPHONE NUMBERS, DESCRIBE PERSONAL EFFECTS IN VEHICLE, SUSPECTS, EVIDENCE OF STRIPPING, HOW STOLEN (keys, hot-wire, tin foil, etc.) |  |                                                                                  |  |                                                                                                                           |               |                                                                           |               |                                                                   |  |
|                                                                                                                                                                                          |  |                                                                                  |  |                                                                                                                           |               |                                                                           |               |                                                                   |  |
| 50. SIGNATURE OF PERSON REPORTING STOLEN                                                                                                                                                 |  |                                                                                  |  |                                                                                                                           |               |                                                                           |               |                                                                   |  |
| 51. REPORT MADE BY                                                                                                                                                                       |  |                                                                                  |  | EMPLOYEE NO.                                                                                                              |               | 52. INDEXED BY                                                            |               | DATE                                                              |  |
| 53. APPROVED BY                                                                                                                                                                          |  |                                                                                  |  | EMPLOYEE NO.                                                                                                              |               | 54. BULLETIN BY                                                           |               | DATE                                                              |  |
| 55. ASSIGNED TO                                                                                                                                                                          |  |                                                                                  |  | EMPLOYEE NO.                                                                                                              |               | 56. NCIC ENTRY BY                                                         |               | DATE                                                              |  |
| 57. CLEARANCE BY (Name)                                                                                                                                                                  |  |                                                                                  |  |                                                                                                                           |               | 58. CLEARANCE APPROVED BY                                                 |               |                                                                   |  |
| ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> INACTIVE <input type="checkbox"/> EXCEPTIONAL <input type="checkbox"/>                                                |  |                                                                                  |  |                                                                                                                           |               |                                                                           |               |                                                                   |  |

Figure 3-7. Vehicle Report



- Stolen and/or Impounded Vehicles -- Filed by Incident Number in the Primary File.

Additional copies are distributed as determined by agency needs:

- Chief.
- Investigative unit.
- Arrest Package (attached to copy of connected Arrest Report).
- Officer's Information File.
- Crime analysis unit.
- Other, as required.

Vehicle Reports should be indexed as follows:

- Master Name File -- Alphabetically by name of owner. Include vehicle license number.
- Property File (Optional) -- By vehicle make, by license number. The index card should indicate whether the vehicle was stolen or impounded. (Cards need not be prepared for recovered vehicles because recovery eliminates the necessity of maintaining a "stolen" card in the file; the "stolen" card should be marked "recovered" and destroyed when the vehicle is released to the owner.

### 3.2.6.3 Special Considerations

Where volume is very low, the Offense Report can be used in lieu of a Vehicle Report, and the Stolen and Impounded Vehicle index cards



can be dispensed with if a simple list of stolen and impounded vehicles is maintained.

### 3.2.7 Supplementary Report

#### 3.2.7.1 Use

The Supplementary Report (see Figure 3-8) is used for the following purposes:

- As a continuation for any other report when additional space is needed.
- To provide additional information concerning a previously reported incident.
- To record the progress of a continuing investigation.
- To close an investigation.

The Incident Number assigned to the original report to which the Supplementary Report relates is used to identify the incident.

#### 3.2.7.2 Distribution and Filing

Distribution should be the same as that of the original report, and the original of the Supplementary Report should be attached to the original of the related report in the Primary File.

Records personnel must be alert to the fact that receipt of a Supplementary Report can require a change in index cards previously prepared and/or the Incident Ledger (change of location of incident, property stolen, etc.).

#### 3.2.7.3 Special Consideration

Where the volume of reporting is low, this form can be combined



| SUPPLEMENTARY REPORT                                                                                                           |                                                                                                           |                                                                                                                          |                                           |  |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|
| 1. INCIDENT NO.                                                                                                                |                                                                                                           |                                                                                                                          |                                           |  |
| 2. CONTINUATION <input type="checkbox"/><br>SUPPLEMENTARY <input type="checkbox"/>                                             | 3. TYPE OF REPORT (ORIGINAL)                                                                              | 4. VICTIM OR PRINCIPAL PERSON INVOLVED (ORIGINAL REPORT)                                                                 | 5. DATE (ORIGINAL INCIDENT)               |  |
| 6. DATE AND TIME REPORTED                                                                                                      | 3a. TYPE OF REPORT (RECLASSIFIED)                                                                         | 4a. VICTIM OR PRINCIPAL PERSON INVOLVED (RECLASSIFIED)                                                                   | 5a. DATE ORIGINAL INCIDENT (RECLASSIFIED) |  |
| 7. CONTACTED COMPLAINANT, NO ADDITIONAL INFORMATION <input type="checkbox"/><br>DATE AND TIME _____                            | 8. CONTACTED WITNESS(S) LISTED, NO ADDITIONAL INFORMATION <input type="checkbox"/><br>DATE AND TIME _____ | 9. UNABLE TO CONTACT COMPLAINANT <input type="checkbox"/><br>UNABLE TO CONTACT LISTED WITNESSES <input type="checkbox"/> |                                           |  |
|                                                                                                                                |                                                                                                           |                                                                                                                          |                                           |  |
| 10. REPORT MADE BY _____ EMPLOYEE NO. _____                                                                                    |                                                                                                           | 11. INDEXED BY _____ DATE _____                                                                                          |                                           |  |
| 12. APPROVED BY _____ EMPLOYEE NO. _____                                                                                       |                                                                                                           | 13. BULLETIN BY _____ DATE _____                                                                                         |                                           |  |
| 14. STATUS AS OF THIS DATE<br>OPEN <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CLOSED <input type="checkbox"/> |                                                                                                           | 15. NCIC ENTRY BY _____ DATE _____                                                                                       |                                           |  |

Figure 3-8. Supplementary Report



with the Offense Report if suitably identified when used as a supplement to an original report.

### 3.2.8 Traffic Accident Report

#### 3.2.8.1 Use

The Traffic Accident Report completed in connection with all reported traffic accidents occurring on the highway (except those involving only minor damage) and all private property traffic accidents involving death, injury, or violation of law (some State statutes can modify this recommended usage). The Incident Number is assigned as described in Section 3.2.2.2. Inasmuch as State statutes usually specify the format for this report, no exemplar is illustrated.

#### 3.2.8.2 Distribution and Filing

The original is filed by Incident Number in the Primary File. If separate files for traffic accidents are considered to be mandatory, a separate block of Incident Numbers from the Incident Ledger should be used to preserve the sequential integrity of the numbering system.

Additional copies are distributed as determined by agency needs:

- Chief.
- Investigative or traffic unit, if an offense is involved.
- Arrest Package (attached to copy of connected Arrest Report).
- Crime analysis unit.
- Other, as required.



Traffic Accident Reports should be indexed as follows:

- Master Name File -- Alphabetically by names of:
  - Parties to the accident.
  - Persons killed or injured.
- Location of Incident File -- By street address or other identifying factors, by date. (There is probably more justification for a traffic accident location file than any other type of location file. Nevertheless, the frequency of usage and the labor involved in developing, maintaining, and purging such a file should be carefully weighed against the labor involved in preparing hand tallies by location when needed.)

### 3.2.9 Property Report

#### 3.2.9.1 Use

The Property Report (see Figure 3-9) is used to record receipts of property of the following categories into agency custody:

- Evidence.
- Found property.
- Safekeeping. (This category is used only when the owner or custodian is known and the property is not of evidential value.)

It is not used to record prisoners' personal property. An Incident Number is assigned as described in Section 3.2.3.3, unless the property is



[illegible]



connected with another incident to which an Incident Number has been or will be assigned. In such cases, the Property Report should bear the Incident Number assigned to the numbered incident.

#### 3.2.9.2 Distribution and Filing

The original is filed by Incident Number in the Primary File. Additional copies are distributed as determined by agency needs:

- One copy (or a Property Tag (see Section 3.2.10) should accompany the property.
- Investigative unit.
- Arrest Package, if related to an arrest.
- Other, as required.

Property taken into custody should also be described in connected reports.

Property Reports should be indexed as follows:

- Master Name File -- Alphabetically by the name of the person to whom the property was booked (see also Section 3.2.11).
- Property File (Optional) -- By type of item.

#### 3.2.9.3 Special Considerations

The volume of property accepted into custody may not be sufficient to justify the labor of creating, maintaining, and purging a Property File. In such cases, the Property Ledger described in Section 3.2.11 can suffice.

Where the volume of property received is low, a 3- by 5-inch Property Tag attached to the property can suffice for the Property Report (see Section 3.2.10).



### 3.2.10 Property Tag

#### 3.2.10.1 Use

The Property Tag (see Figure 3-10) is a 3- by 5-inch card attached for identification and maintenance of accountability to each item of property received into agency custody that is the subject of a Property Report (see Section 3.2.9). The Property Tag is physically attached to the item throughout the period of its custody.

#### 3.2.10.2 Distribution and Filing

The Property Tag is prepared in one original and discarded when the property is released from custody. The Property Ledger described in Section 3.2.11 will suffice for a permanent record of property receipt and disposition.

#### 3.2.10.3 Special Considerations

Where the volume of property received is low, the Property Tag can suffice for the Property Report. However, because of importance of maintaining accountability of property in agency custody, a Property Ledger should still be maintained, appropriate index cards should be made, and property should still be described in connected reports, as described in Section 3.2.9.2.

### 3.2.11 Property Ledger

#### 3.2.11.1 Use

The Property Ledger (see Figure 3-11) is one of three ledgers necessary for efficient law enforcement agency operations. The Incident Ledger (see Section 3.2.2) and the Arrest Ledger (see Section 3.2.13) are the other two. The Property Ledger is maintained to provide effective control of property accepted into agency custody; to allow



| PROPERTY TAG                      |                                                                           |
|-----------------------------------|---------------------------------------------------------------------------|
| EVIDENCE <input type="checkbox"/> | FOUND PROP. <input type="checkbox"/> SAFEKEEPING <input type="checkbox"/> |
| BOOKED TO                         | INCIDENT NO.                                                              |
| DATE/TIME BOOKED                  | RECEIVED BY (PROPERTY OFFICER)                                            |
| DESCRIPTION                       |                                                                           |
| BIN/SHELF NUMBER                  |                                                                           |

| CHAIN OF CONTINUITY<br>(SIGNATURES REQUIRED) |    |      |           |
|----------------------------------------------|----|------|-----------|
| NAME                                         | TO | NAME | DATE/TIME |
|                                              |    |      |           |
|                                              |    |      |           |
|                                              |    |      |           |
|                                              |    |      |           |
|                                              |    |      |           |
|                                              |    |      |           |
|                                              |    |      |           |

Figure 3-10. Property Tag



## PAGE \_\_\_\_\_

[illegible]

Figure 3-11. Property Ledger



for swift, accurate inventory of stored property; and to serve as a chronological cross-reference to property in department custody. Each item of property booked into custody should be entered in the Property Ledger, and appropriate notations should be made as to the Incident Number, Data Booked, Person Booked To (see below), Received By, Bin or Shelf Number used for storage, and details of the final disposition of the property.

All evidence should be booked to the arrestee, victim, or the officer finding, in that order. If the case involves only found property, the property should be booked to the actual finder. Safekeeping property is booked to the owner or custodian of the property.

#### 3.2.11.2 Special Considerations

Since Property Ledger pages will be kept in book form and not filed as are other reports, a ledger page of larger size than the 8-1/2- by 11-inch exemplar illustrated in Figure 3-11 can be used.

#### 3.2.12 Arrest Report

##### 3.2.12.1 Use

The Arrest Report (see Figure 3-12) is used to record identifying information and details of the arrest of all persons taken into custody. This report serves as a permanent agency record of the officer's legal cause for arrest, his actions, the arrestee's actions and statements, and any other details of the arrest. It should be so complete that, in most cases, a judge can make a determination of guilt or innocence without further information.



| ARREST REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                          |                           |                  |                                       |                                                                              |                    |                                                                       |                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|---------------------------|------------------|---------------------------------------|------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------|--------------------|--|
| 1. BOOKING NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                          | 2. MISO. FEL. OTHER       |                  |                                       |                                                                              |                    |                                                                       |                    |  |
| 3. SUBJECT'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                          | 4. RES. ADDRESS           |                  |                                       | 5. RES. PHONE                                                                |                    | 6. BUS. PHONE                                                         |                    |  |
| 7. CHARGE (Section No., Code and Definition)                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                          | 8. LOCATION ARRESTED      |                  |                                       | 9. R.D.                                                                      |                    | 10. CONNECTED REPORTS AND NUMBERS                                     |                    |  |
| 11. DATE/TIME ARRESTED                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 12. DATE TIME BOOKED                                                     |                           | 13. OCCUPATION   |                                       | 14. BUSINESS ADDRESS                                                         |                    | 15. RESISTED YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |  |
| 16. ARMED YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                |  | 17. DATE OF BIRTH                                                        |                           | 18. SEX          |                                       | 19. DESCENT                                                                  |                    | 20. AGE                                                               |                    |  |
| 21. HEIGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 22. WEIGHT                                                               |                           | 23. BUILD        |                                       | 24. COMPLEXION                                                               |                    | 25. BEARD, MUSTACHE, SIDE BURNS                                       |                    |  |
| 26. SCARS, MARKS, DEFORMITIES                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                          | 27. GLASSES (Describe)    |                  |                                       | 28. CLOTHING WORN                                                            |                    |                                                                       |                    |  |
| 29. SPEECH CHARACTERISTICS                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                          | 30. ALIAS                 |                  |                                       | 31. SOCIAL SECURITY NO.                                                      |                    | 32. DRIVER'S LIC. NO. STATE                                           |                    |  |
| 33. COMPLAINTS OR EVIDENCE OF ILLNESS OR INJURY BY WHOM TREATED                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                          | 34. BIRTHPLACE            |                  |                                       | 35. EVIDENCE BOOKED YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                                                                       |                    |  |
| 36. LOCATION CRIME COMMITTED                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                          | 37. R.D.                  |                  | 38. DISPOSITION OF ARRESTEE'S VEHICLE |                                                                              | 39. HOLD FOR       |                                                                       |                    |  |
| 40. VEHICLE USED IN CRIME                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                          | 41. BODY STYLE            |                  | 42. YR.                               |                                                                              | 43. COLORS         |                                                                       | 44. YR. STATE LIC. |  |
| 45. MAKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                          | 46. MODEL                 |                  | 47. OTHER IDENTIFYING MARKS           |                                                                              |                    |                                                                       |                    |  |
| 48. DRIVING VEHICLE (Direction and Street Name)                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                          | 49. AT OR BETWEEN STREETS |                  |                                       |                                                                              |                    |                                                                       |                    |  |
| 36. CODE: V - VICTIM (From name if business) W - WITNESS P OR G - PARENT OR GUARDIAN (Juvenile Only)                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                          |                           |                  |                                       |                                                                              |                    |                                                                       |                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | CODE                                                                     |                           | RES. ADDRESS     |                                       |                                                                              | RES. PHONE         |                                                                       | BUS. PHONE         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                          |                           |                  |                                       |                                                                              |                    |                                                                       |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                          |                           |                  |                                       |                                                                              |                    |                                                                       |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                          |                           |                  |                                       |                                                                              |                    |                                                                       |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                          |                           |                  |                                       |                                                                              |                    |                                                                       |                    |  |
| OFFENSE REPORT INFO                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 37. VICTIM'S OCCUPATION, DESCENT, AGE                                    |                           |                  | 38. TYPE OF PREMISES                  |                                                                              |                    | 39. TOTAL VALUE                                                       |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 40. TYPE OF OFFENSE (Till-tap, Shoplift, Theft from Veh., Battery, etc.) |                           |                  | 41. TYPE OF PROPERTY TAKEN            |                                                                              |                    |                                                                       |                    |  |
| JUV. ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 42. PARENTS NOTIFIED BY                                                  |                           | 43. TIME         |                                       | 44. PLACE DETAINED                                                           |                    | 45. DATE, TIME, LOCATION COURT                                        |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 46. BKG. APP. BY                                                         |                           | 47. DET. APP. BY |                                       |                                                                              |                    |                                                                       |                    |  |
| 48. ADMONITION OF RIGHTS: The subject was advised that he had the right to remain silent, and that if he gave up the right to remain silent, anything he said can and will be used against him in a court of law and that he had the right to speak with an attorney and to have the attorney present during questioning, and that if he so desired and could not afford one, an attorney would be appointed for him without charge before questioning. ADMONITION GIVEN BY _____ |  |                                                                          |                           |                  |                                       |                                                                              |                    |                                                                       |                    |  |
| 49. DETAILS: Background info on arrest, complaint, radio call, etc., narrative story of circumstances and pertinent statements. If intoxication involved, describe appearance, actions and officer's opinion as to degree of intoxication. If physical evidence found, where found, who by and disposition. Describe evidence of narcotic addiction. ARRESTEE'S STATEMENT                                                                                                         |  |                                                                          |                           |                  |                                       |                                                                              |                    |                                                                       |                    |  |
| If additional space is needed, use supplemental report.                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                          |                           |                  |                                       |                                                                              |                    |                                                                       |                    |  |
| 50. ARRESTING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                          | EMPLOYEE NO.              |                  | 51. DATE AND TIME REPORTED            |                                                                              | 52. VACATION DATES |                                                                       |                    |  |
| 53. TRANSPORTING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                          | EMPLOYEE NO.              |                  | 54. BOOKING OFFICER                   |                                                                              | EMP. NO.           |                                                                       | 55. INDEXED BY     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                          |                           |                  |                                       |                                                                              |                    |                                                                       | DATE               |  |
| 56. APPROVED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                          | EMPLOYEE NO.              |                  | 57. BULLETIN BY                       |                                                                              | DATE               |                                                                       |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                          |                           |                  |                                       |                                                                              |                    |                                                                       |                    |  |
| 58. ASSIGNED TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                          | EMPLOYEE NO.              |                  | 59. NCIC ENTRY BY                     |                                                                              | DATE               |                                                                       |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                          |                           |                  |                                       |                                                                              |                    |                                                                       |                    |  |

Figure 3-12. Arrest Report



All arrests should be entered in an Arrest Ledger (see Section 3.2.13) by an Arrest Number identifying that particular arrest. The Arrest Number should be listed in connected reports for cross-reference purposes.

#### 3.2.12.2 Distribution and Filing

The original should be filed in an Arrest Package for that particular arrestee (the Arrest Package should be created at the time a person is first arrested by the agency). Copies of all arrest-related documents pertaining to a particular arrestee should be filed in the Arrest Package for that individual. These include copies of related Offense, Traffic Accident, Vehicle, Miscellaneous Incident, and Property Reports; a current photograph; fingerprint cards; rap sheets; and any other documents. In this manner, the complete local criminal history of an arrestee is available immediately to any officer conducting an investigation.

Arrest Packages should be maintained in the records unit filed alphabetically. If volume and name similarities create identification problems, a permanent Department Number should be assigned to each arrestee at the time of the first arrest. This Department Number, cross-referenced to the arrestee's fingerprint classification, would serve to identify an individual; an Arrest Number serves to identify a particular arrest of an individual. If Department Numbers are used, Arrest Packages can be filed by that number, and the number is entered on the related Master Name File index card for cross-reference purposes.

Additional copies of the Arrest Report are distributed as determined by agency needs:



- Chief.
- Investigative unit.
- Officer's Information File.
- Crime analysis unit.
- Other, as required.

Arrest Reports are indexed as follows:

- Master Name File -- Alphabetically.
- Location of Incident File (Optional) -- By street address or other identifying factors, by date. See remarks under Location of Incident File in Section 3.2.4.3.

### 3.2.12.3 Special Considerations

If the agency uses a citation form of arrest, the Citation should be affixed to a blank 8-1/2- by 11-inch sheet of paper and processed, indexed, and filed in the same manner as an Arrest Report.

### 3.2.13 Arrest Ledger

#### 3.2.13.1 Use

The Arrest Ledger ("police blotter") serves as the primary chronological record of all arrests made by agency members, together with the booking into the agency lockup system of prisoners arrested by other agencies. The Arrest Ledger developed for the Model Records System (see Figure 3-13) is designed for use in an 8-1/2- by 14-inch format. Appropriate identifying information should be entered in the Arrest Ledger:

- Arrest Number (see below).
- Date and time of arrest.



## ARREST LEDGER

PAGE \_\_\_\_\_

| ARREST<br>NUMBER | DATE AND TIME<br>ARRESTED | DATE AND TIME<br>BOOKED | CHARGE | NAME | LOCATION OF ARREST | ARRESTING<br>OFFICER | DEPT. NO. AND DISPOSITION |
|------------------|---------------------------|-------------------------|--------|------|--------------------|----------------------|---------------------------|
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |
|                  |                           |                         |        |      |                    |                      |                           |

Figure 3-13. Arrest Ledger



- Date and time booked.
- Charge.
- Name.
- Location of arrest.
- Arresting officer.
- Arrestee's Department Number (if used), and disposition.

A separate Arrest Number should be used for each arrest.

Each January first, the numbering sequence should start with number 1, followed by the last two digits of the year (that is, the first arrest of 1978 would be 00001-78). This system provides a stable numbering system and, at the same time, provides a simple tally of the number of persons arrested during the current year. A permanent Department Number may also be desirable because of volume and/or name similarities. A policy for such a system is discussed in Section 3.2.12.2.

#### 3.2.13.2 Distribution and Filing

The Arrest Ledger should be maintained in the lockup office (preferably) or in the records unit. Since Arrest Ledger pages will be kept in book form and not filed as are other reports, a ledger page of larger size like the 8-1/2- by 14-inch exemplar illustrated in Figure 3-13 can be used. Citation arrests (in lieu of physical arrests for nontraffic criminal offenses) should be entered and numbered in the Arrest Ledger with the special notation added, "Citation". Traffic citations should not be entered in the Arrest Ledger, because of the volume and lack of potential value of such information.



### 3.2.14 Traffic Citation

#### 3.2.14.1 Use

Generally, State statutes direct the specific format, size, number of copies, and distribution of Traffic Citations. For this reason, no Traffic Citation exemplar is illustrated and, in many instances, a law enforcement agency adopting the Model Records System described in this manual will find it necessary to modify the procedure outlined in this section. The Traffic Citation should be used for traffic offenses other than those requiring physical arrest (a Traffic Citation need not be completed when an arrest is made since the circumstances are reported on an Arrest Report).

#### 3.2.14.2 Distribution and Filing

The original is forwarded to the concerned court, and a copy is given to the violator. Additional copies are distributed as determined by agency needs:

- State motor vehicle department.
- Citation File, alphabetically by violator's name for approximately one year, then destroyed.
- "Book copy," to remain in the citation book as a permanent record, thereby maintaining a high degree of integrity through Citation control.

There is little value in maintaining a file of officer's copies of Citations, nor should the issuing officer be given a personal copy. The only valid use an officer might have for later use of a Citation copy is in connection with refreshing his memory for court appearances. In such cases, he has access to the Citation File.



Traffic Citation information should not be entered in Arrest Packages, nor in the Master Name File because of the volume and consequent labor involved, together with the limited time that such information has significance. In addition, most States maintain computer files of statewide traffic violator histories that make local agency files of such information duplicative and of limited value. In the event that efficient State computer service is unavailable, the alphabetical Citation File provides the most information for the least effort.

Parking citations are not considered in the Model Records System. Parking citations should be a function of some agency other than the policy, and agency involvement should be limited to service of warrants for unpaid citations. In those instances where the agency must be involved, processing should generally follow that outlined for Traffic Citations (except that there is little or no value in maintaining an agency Parking Citation File).

### 3.2.15 Field Interview Report

#### 3.2.15.1 Use

The 3- by 5-inch Field Interview Report (frequently known as the FIR -- see Figure 3-14) is used to report and to identify for possible future investigative purposes suspicious persons encountered during the normal performance of field duties, against whom no specific charge is apparent at the time of encounter. It is also used to establish a record that a person was warned regarding specified prohibited conduct. At times, it can be completed even if the person is arrested. Frequently, a review by



### FIELD INTERVIEW REPORT

|                                                                        |         |       |                         |              |                |               |  |
|------------------------------------------------------------------------|---------|-------|-------------------------|--------------|----------------|---------------|--|
| 1. LOCATION:                                                           |         |       |                         | 2. DATE      |                | 3. TIME       |  |
| 4. NAME: (LAST NAME FIRST)                                             |         |       |                         | 5. NICKNAME  |                | 6. R.D.       |  |
| 7. ADDRESS:                                                            |         |       |                         |              |                | 8. PHONE      |  |
| 9. SEX                                                                 | DESCENT | AGE   | HEIGHT                  | WEIGHT       | BUILD          | COMPLEXION    |  |
| 10. DOB / POB                                                          |         |       | HAIR                    | EYES         | MARKS OR SCARS |               |  |
| 11. SOCIAL SECURITY NO.<br>/ /                                         |         |       | 12. DRIVERS LICENSE NO. |              | STATE          | TYPE          |  |
| 13. CLOTHING WORN                                                      |         |       |                         | 14. DRIV.(X) | PASS.(X)       | PED.(X)       |  |
| 15. MAKE OF CAR                                                        |         | MODEL | BODY STYLE              | YR.          | COLORS         | YR.STATE-LIC. |  |
| OTHER IDENTIFYING MARKS (VEHICLE)                                      |         |       |                         |              |                |               |  |
| OCCUPATION AND EMPLOYER (NAME & ADDRESS) OR SCHOOL ATTENDING AND GRADE |         |       |                         |              |                |               |  |

|                              |  |
|------------------------------|--|
| 17. ASSOCIATES WITH SUBJECT  |  |
|                              |  |
| 18. REASON FOR INTERROGATION |  |
|                              |  |
| 19. DISPOSITION              |  |
|                              |  |
| 20. OFFICER(S) REPORTING     |  |
|                              |  |
| 21. ARRESTED (CHARGE)        |  |
|                              |  |

Figure 3-14. Field Interview Report



investigators at a later date can be very helpful in establishing the presence of a particular individual at a particular place at a particular time.

#### 3.2.15.2 Distribution and Filing

The Field Interview Report is completed in duplicate. The original should be filed alphabetically by name of the person interviewed, and the copy should be filed by location of interview. Because of the special investigative purposes of this form, it should be filed separately from the general Master Name and Location of Incident Files in a specific FIR file.

#### 3.2.16 Officer's Daily Report

##### 3.2.16.1 Use

Completion of an Officer's Daily Report (see Figures 3-15 and 3-16) by the patrol officer serves several purposes. Of primary importance is the fact that it is necessary for patrol supervisors to have some system of evaluation. Many such systems rely on little more than a comparison of cumulative totals of activities between officers and/or the same officer from one time period to another. Obviously such a system fails to take into consideration such factors as quality, selective enforcement, and time utilization. The Officer's Daily Report affords the patrol supervisor the opportunity to evaluate his subordinates on a daily basis. For example, he can determine the time span used by an officer for given types of calls or activities or for all of the officer's activities, and he can determine how long the officer remained out of service on specific activities.



Figure 3-15. Officer's Daily Report



[illegible]

Figure 3-16. Officer's Daily Report (With Amplified Time Recapitulation)



This report also serves as a device for forwarding workload data in a concise form to those involved in analyzing such information. These data can be useful in such matters as supervisory control, manpower utilization, budget requests, and answering public inquiries. In addition, the use of this form to provide a permanent record of minor calls and associated activities in condensed form relieves both the dispatching and recordkeeping functions from voluminous report production, processing, indexing, and filing. The most logical alternative is the creation of some form or document (such as a Dispatch Card) for every call. This would not only result in voluminous paperwork to be processed and filed but would also fragment an officer's daily performance into many different forms scattered through similar forms associated with the reported activities of other officers on the same shift. Moreover, the Officer's Daily Report provides a measure of protection to personnel who might be unjustly accused of derelictions of duty in the field.

In summary, the Officer's Daily Report is vital for effective operation for the following reasons:

- It contains details and dispositions of all activities occurring during a tour of duty, including those minor incidents that are not the subject of a formal report and are not routinely included in the Daily Report or Incident Ledger.
- It provides a record of the daily accomplishments



of each officer for supervisory as well as statistical purposes.

- It provides a record for measurement of workload factors.
- It provides a source of data for manpower utilization, budget requests, response to public inquiries, and similar purposes.
- It reduces dispatching and recordkeeping tasks and volume associated with the generation, processing, indexing, and filing of reports of minor incidents.
- It provides a safeguard for field personnel against unjust accusations.

The two exemplars illustrated in Figures 3-15 and 3-16 are similar. That shown in Figure 3-16 provides for detailed time recapitulation of the officer's activities in minutes per type of activity, while that shown in Figure 3-15 provides simply for the entry of Time Started and Time Ended information. The agency can adopt or adapt the form better suited to local needs.

### 3.2.16.2 Distribution and Filing

An original should be prepared and, after supervisory review, filed by the officer's name by date.

### 3.2.17 Investigative Activity Report

#### 3.2.17.1 Use

The Investigative Activity Report (see Figure 3-17) fulfills the



# INVESTIGATIVE ACTIVITY REPORT

|                                                         |               |                                 |  |                          |                         |                                  |                         |                   |                |                                    |                          |                      |
|---------------------------------------------------------|---------------|---------------------------------|--|--------------------------|-------------------------|----------------------------------|-------------------------|-------------------|----------------|------------------------------------|--------------------------|----------------------|
| Investigator's Name:                                    |               |                                 |  |                          | Rank:                   |                                  | Organizational Element: |                   |                | Report for: (Enter Time Period)    |                          |                      |
| Number Days Worked                                      |               | Annual Leave Taken (Hours)      |  | Sick Leave Taken (Hours) |                         | Court Attendance                 |                         | On Duty           | Off Duty       | Warrants                           | Search                   | Arrest               |
| Overtime Earned                                         |               | Assignment:                     |  |                          |                         | Number of Times                  |                         |                   |                | Applied For                        |                          |                      |
| Holidays Worked                                         |               | Holiday:                        |  |                          |                         | Total Hrs.                       |                         |                   |                | Executed                           |                          |                      |
| FELONY ASSIGNMENTS                                      |               |                                 |  |                          | MISDEMEANOR ASSIGNMENTS |                                  |                         |                   |                | MISC. INVESTIGATIONS OR COMPLAINTS |                          |                      |
| No. Received                                            |               | No. Closed                      |  | No. Prior Closed:        |                         | No. Received                     |                         | No. Closed        |                | No. Prior Closed:                  |                          | No. Received         |
| No. Closed                                              |               | No. Prior Closed:               |  | No. Received             |                         | No. Closed                       |                         | No. Prior Closed: |                | No. Received                       |                          | Hours                |
| TYPE OF ASSIGNMENTS                                     |               |                                 |  |                          |                         |                                  |                         |                   |                |                                    |                          |                      |
| Number Assignments Received                             |               |                                 |  |                          |                         |                                  |                         |                   |                |                                    |                          |                      |
| Personal Arrests                                        |               |                                 |  |                          |                         |                                  |                         |                   |                |                                    |                          |                      |
| Arrests for You by Others                               |               |                                 |  |                          |                         |                                  |                         |                   |                |                                    |                          |                      |
| Arrests by You for Others                               |               |                                 |  |                          |                         |                                  |                         |                   |                |                                    |                          |                      |
| Property Involved                                       |               | Amount Reported on Assignments: |  | \$                       |                         | Amount Recovered on Assignments: |                         | \$                |                | Total Hours Report Writing:        |                          | Supervisor Approving |
| LIST ALL ASSIGNMENTS (INCLUDE PRIOR ASSIGNMENTS CLOSED) |               |                                 |  |                          |                         |                                  |                         |                   |                |                                    |                          |                      |
| Incident Number                                         | Date Assigned | Name of Victim                  |  |                          |                         | Offense                          |                         | How Closed        | Hours Involved | Number Arrested                    | Value Property Recovered |                      |
|                                                         |               |                                 |  |                          |                         |                                  |                         |                   |                |                                    |                          |                      |
|                                                         |               |                                 |  |                          |                         |                                  |                         |                   |                |                                    |                          |                      |
|                                                         |               |                                 |  |                          |                         |                                  |                         |                   |                |                                    |                          |                      |
|                                                         |               |                                 |  |                          |                         |                                  |                         |                   |                |                                    |                          |                      |
|                                                         |               |                                 |  |                          |                         |                                  |                         |                   |                |                                    |                          |                      |
|                                                         |               |                                 |  |                          |                         |                                  |                         |                   |                |                                    |                          |                      |
|                                                         |               |                                 |  |                          |                         |                                  |                         |                   |                |                                    |                          |                      |
|                                                         |               |                                 |  |                          |                         |                                  |                         |                   |                |                                    |                          |                      |

Figure 3-17. Investigative Activity Report



same function for investigative personnel that the Officer's Daily Report does for patrol personnel. Although the contents necessarily differ, justification for use of the form is substantially the same. Depending on workload, the form can be completed on a weekly or monthly basis, with a summary report on a monthly, quarterly, or annual basis.

#### 3.2.17.2 Distribution and Filing

An original should be prepared and, after review by a superior, filed by the investigator's name by date.

#### 3.2.18 Supervisor's Daily Report

##### 3.2.18.1 Use

The Supervisor's Daily Report (see Figure 3-18) is an optional report that can be completed by field supervisors for each tour of duty. The report should contain a summary of activities for the tour of duty:

- Personnel matters and observations.
- Criminal matters and recommendations.
- Other police problems.
- Training needs observed.

##### 3.2.18.2 Distribution and Filing

An original should be prepared and, after review by a superior officer, filed by the supervisor's name by date.

#### 3.2.19 Records Sign-Out

Although adequate security provisions require that originals of reports, once filed in the records unit, should never be removed except on court order, it must be recognized that situations do arise calling for an exception to the rule. In such instances, original records removed



| SUPERVISOR'S DAILY REPORT   |                   |                   |                       |             |       |            |      |            |
|-----------------------------|-------------------|-------------------|-----------------------|-------------|-------|------------|------|------------|
| NAME                        | ON DUTY           | OFF DUTY          | TOTAL HOURS<br>WORKED | OVERTIME    | WATCH | ASSIGNMENT | DATE |            |
| VEHICLE NO                  | MILEAGE-<br>START | MILEAGE<br>FINISH | TOTAL<br>MILES        | GAS-NO. GAL | COST  | OIL NO QTS | COST | TOTAL COST |
|                             |                   |                   |                       |             |       |            |      |            |
| SIGNED _____ APPROVED _____ |                   |                   |                       |             |       |            |      |            |

Figure 3-18. Supervisor's Daily Report



from the confines of the records unit should be identified in the file by substituting a brightly colored card of similar size (see Figure 3-19) made of heavy paper stock and bearing the following information:

- Incident Number.
- Officer taking custody.
- Date removed.
- Purpose.
- Date returned.
- Records clerk's initials (or employee number).

After a report has been returned, the entry on the Records Sign-Out form should be lined out and the form stored close at hand for reuse.

### 3.2.20 Worthless Document Report

#### 3.2.20.1 Use

The Worthless Document Report (see Figure 3-20) is an optional crime-specific report that can be used in place of the Offense Report (see Section 3.2.4). The Worthless Document Report can be used to report the circumstances of those criminal offenses involving forgeries, alterations, counterfeiting, and other offenses involving all types of documents, including checks. The Worthless Document Report can also be used to report offenses involving the issuing of checks against insufficient funds or nonexistent accounts.

#### 3.2.20.2 Distribution and Filing

Procedures for numbering, processing, filing, and indexing are identical to those recommended for the Offense Report in Section 3.2.4. Special



[illegible]

3-53







**CONTINUED**

**1 OF 3**



| WORTHLESS DOCUMENT REPORT                                                                                                                                                |  |                                                        |  |                                                                                   |  |                                                                                                                                               |  |                                   |                           |                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|---------------------------|-----------------------------------|--|
| 1. INCIDENT NO.                                                                                                                                                          |  |                                                        |  |                                                                                   |  |                                                                                                                                               |  |                                   |                           |                                   |  |
| 2. VICTIM'S NAME (from name of business)                                                                                                                                 |  |                                                        |  | 3. ADDRESS                                                                        |  |                                                                                                                                               |  | 4. RES. PHONE                     |                           | 5. BUS. PHONE                     |  |
| 6. OFFENSE                                                                                                                                                               |  | 7. LOCATION                                            |  | 8. STREET                                                                         |  | 9. APT.                                                                                                                                       |  | 10. R.D.                          |                           | 11. CONNECTED REPORTS AND NUMBERS |  |
| 12. DATE AND TIME OCCURRED                                                                                                                                               |  | 13. DAY OF WEEK                                        |  | 14. WAS DOCUMENT POSTDATED <input type="checkbox"/> HOLD <input type="checkbox"/> |  | 15. AMOUNT OF LOSS                                                                                                                            |  | 16. DATE AND TIME REPORTED        |                           |                                   |  |
| 17. PERSON REPORTING CRIME TO POLICE                                                                                                                                     |  |                                                        |  | 18. RESIDENCE ADDRESS                                                             |  |                                                                                                                                               |  | 19. RES. PHONE                    |                           | 20. BUS. PHONE                    |  |
| 21. PERSON ACCEPTING                                                                                                                                                     |  | 22. AGE                                                |  | 23. DESCENT                                                                       |  | 24. SEX                                                                                                                                       |  | 25. RESIDENCE ADDRESS             |                           | 26. RES. PHONE                    |  |
| 27. WITNESS NAME                                                                                                                                                         |  | 28. AGE                                                |  | 29. DESCENT                                                                       |  | 30. SEX                                                                                                                                       |  | 31. RESIDENCE ADDRESS             |                           | 32. RES. PHONE                    |  |
| 33. VICTIM'S OCCUPATION                                                                                                                                                  |  | 34. CAN ID OFFENDER                                    |  |                                                                                   |  | 35. TYPE PROPERTY OR SERVICE OBTAINED                                                                                                         |  |                                   |                           |                                   |  |
| 36. WRITING ON DOCUMENT DONE BY OTHER THAN PASSER                                                                                                                        |  | 37. PASSER ACCOMPANIED BY (describe)                   |  |                                                                                   |  | 38. TYPE OF DOCUMENT                                                                                                                          |  |                                   |                           |                                   |  |
| 39. I.D. USED (Dr. H., credit card no., etc.)                                                                                                                            |  | 40. DATE ON DOCUMENT                                   |  |                                                                                   |  | 41. DOCUMENT I.D. NO.                                                                                                                         |  | 42. AMOUNT OF CHECK               |                           |                                   |  |
| 43. SUSPECT PREPARED CHECK IN VICTIM'S PRESENCE                                                                                                                          |  | 44. METHOD OF PREPARATION (hand, typed, stamped, etc.) |  |                                                                                   |  | 45. REASON NOT HONORED                                                                                                                        |  |                                   |                           |                                   |  |
| 46. TYPE PREMISES (bank, grocery, etc.)                                                                                                                                  |  | 47. NAME OF BANK ON CHECK                              |  |                                                                                   |  | 48. ADDRESS                                                                                                                                   |  | 49. SIGNATURE ON FACE OF DOCUMENT |                           |                                   |  |
| 50. OTHER PRINTED NAMES ON DOCUMENT                                                                                                                                      |  | 51. DOCUMENT PAYABLE TO                                |  |                                                                                   |  | 52. NAMES ENDORSED ON BACK                                                                                                                    |  |                                   |                           |                                   |  |
| 53. RECEIPT GIVEN FOR DOCUMENT                                                                                                                                           |  | 54. NAME                                               |  |                                                                                   |  | 55. DISPOSITION OF DOCUMENT                                                                                                                   |  |                                   |                           |                                   |  |
| 56. SUSPECT                                                                                                                                                              |  | 57. SEX                                                |  | 58. DESCENT                                                                       |  | 59. AGE                                                                                                                                       |  | 60. HEIGHT                        |                           | 61. WEIGHT                        |  |
| 62. BUILD                                                                                                                                                                |  | 63. COMPLEXION                                         |  | 64. EYES                                                                          |  | 65. HAIR                                                                                                                                      |  | 66. BEARD, MUSTACHE, SIDEBURNS    |                           |                                   |  |
| 67. SCARS, MARKS, DEFORMITIES                                                                                                                                            |  | 68. GLASSES (describe)                                 |  |                                                                                   |  | 69. CLOTHING WORN                                                                                                                             |  |                                   |                           |                                   |  |
| 70. SPEECH CHARACTERISTICS                                                                                                                                               |  | 71. WHAT DID SUSPECT SAY                               |  |                                                                                   |  | 72. ARRESTED                                                                                                                                  |  |                                   |                           |                                   |  |
| 73. VEHICLE USED BY SUSPECT                                                                                                                                              |  | 74. YEAR                                               |  | 75. BODY STYLE                                                                    |  | 76. COLORS                                                                                                                                    |  | 77. YR-ET-LIC                     |                           | 78. OTHER IDENTIFYING MARKS       |  |
| 79. NARRATIVE (INCLUDE DETAILED DESCRIPTION OF PROPERTY OBTAINED, GENERAL RESUME OF CRIME, ETC. DESCRIBE ADDITIONAL SUSPECTS AND/OR WITNESSES, ARREST NUMBER AND CHARGE) |  |                                                        |  |                                                                                   |  |                                                                                                                                               |  |                                   |                           |                                   |  |
| 80. REPORT MADE BY                                                                                                                                                       |  |                                                        |  |                                                                                   |  | 81. INDEXED BY                                                                                                                                |  |                                   | 82. DATE                  |                                   |  |
| 83. APPROVED BY                                                                                                                                                          |  |                                                        |  |                                                                                   |  | 84. BULLETIN BY                                                                                                                               |  |                                   | 85. DATE                  |                                   |  |
| 86. ASSIGNED TO                                                                                                                                                          |  |                                                        |  |                                                                                   |  | 87. NCIC ENTRY BY                                                                                                                             |  |                                   | 88. DATE                  |                                   |  |
| 89. CLEARED BY (NAME)                                                                                                                                                    |  |                                                        |  |                                                                                   |  | 90. ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> INACTIVE <input type="checkbox"/> EXCEPTIONAL <input type="checkbox"/> |  |                                   | 91. CLEARANCE APPROVED BY |                                   |  |

Figure 3-20. Worthless Document Report



files of Worthless Document Reports need not be maintained, since the report is prepared in lieu of an Offense Report and is filed in place of the latter.

### 3.2.21 Bicycle Report

#### 3.2.21.1 Use

The Bicycle Report (see Figure 3-21) is an optional crime-specific report that can be used in place of the Offense Report (see Section 3.2.4). The Bicycle Report can be used to report the loss, finding, theft, or recovery of a bicycle. A stolen bicycle subsequently recovered should be reported as recovered, not found.

#### 3.2.21.2 Distribution and Filing

Procedures for numbering, processing, filing, and indexing are identical to those recommended for the Offense Report in Section 3.2.4.

Special files of Bicycle Reports need not be maintained, since the report is prepared in lieu of an Offense Report and is filed in place of the latter.

### 3.2.22 Periodic Statistical Summary Report

In every law enforcement agency, the need periodically arises to review crimes, arrests, calls for service, and other workload factors. Without some logical format, such review is seriously restricted. The form exemplars depicted in Figures 3-22 and 3-23 are but two of many satisfactory formats. The formats illustrated are suggested as guides to the agency rather than specifically recommended, inasmuch as it is often necessary to group data according to guidelines furnished by each State. Such reports can be prepared by records units and/or analytical personnel from



| 1. INCIDENT NO.                                                                                                                                                                                                |  | BICYCLE REPORT                                                                                                                          |         |                                                                                                                                           |                               |                                                             |       |                            |                       |                                                                                                                                             |                                                                           |                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------|-------|----------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------|--|
| 2. VICTIM'S NAME (Firm name if business)                                                                                                                                                                       |  |                                                                                                                                         |         | 3. ADDRESS                                                                                                                                |                               |                                                             |       | 4. RES. PHONE              |                       | 5. BUS. PHONE                                                                                                                               |                                                                           |                           |  |
| 6. STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> LOST <input type="checkbox"/> FOUND <input type="checkbox"/>                                                                             |  | 7. LOCATION: NUMBER STREET                                                                                                              |         |                                                                                                                                           |                               | 8. APT.                                                     |       | 9. R.D.                    |                       | 9. CONNECTED REPORTS AND NUMBERS                                                                                                            |                                                                           |                           |  |
| 10. DATE AND TIME OCCURRED                                                                                                                                                                                     |  | 11. DAY OF WEEK                                                                                                                         |         | 12. WEATHER CONDITIONS                                                                                                                    |                               |                                                             |       | 13. DATE AND TIME REPORTED |                       |                                                                                                                                             |                                                                           |                           |  |
| 14. PERSON REPORTING CRIME TO POLICE                                                                                                                                                                           |  |                                                                                                                                         |         | 15. RESIDENCE ADDRESS                                                                                                                     |                               |                                                             |       | 16. RES. PHONE             |                       | 17. BUS. PHONE                                                                                                                              |                                                                           |                           |  |
| 18. PERSON DISCOVERING CRIME                                                                                                                                                                                   |  |                                                                                                                                         |         | 19. RESIDENCE ADDRESS                                                                                                                     |                               |                                                             |       | 20. RES. PHONE             |                       | 21. BUS. PHONE                                                                                                                              |                                                                           |                           |  |
| 22. WITNESS: NAME (A)                                                                                                                                                                                          |  | SEX                                                                                                                                     | DESCENT | AGE                                                                                                                                       | 23. RESIDENCE ADDRESS         |                                                             |       |                            | 24. RES. PHONE        |                                                                                                                                             | 25. BUS. PHONE                                                            |                           |  |
| (B)                                                                                                                                                                                                            |  |                                                                                                                                         |         |                                                                                                                                           |                               |                                                             |       |                            |                       |                                                                                                                                             |                                                                           |                           |  |
| 26. VICTIM'S OCCUPATION                                                                                                                                                                                        |  |                                                                                                                                         |         |                                                                                                                                           | 27. TYPE OF PREMISES OF CRIME |                                                             |       |                            | 28. WHERE WAS VICTIM? |                                                                                                                                             |                                                                           |                           |  |
| 29. VALUE                                                                                                                                                                                                      |  | 30. MAKE                                                                                                                                |         | 31. LIC. NO.                                                                                                                              |                               | 32. SERIAL NO.                                              |       | 33. NO. OF SUSPECTS        |                       | SEX                                                                                                                                         | DESCENT                                                                   | AGE                       |  |
| 34. BOY'S <input type="checkbox"/><br>GIRL'S <input type="checkbox"/>                                                                                                                                          |  | 35. WHEEL SIZE<br>20" <input type="checkbox"/> 24" <input type="checkbox"/> 26" <input type="checkbox"/> OTHER <input type="checkbox"/> |         |                                                                                                                                           |                               | 36. RIMS<br>CHROME <input type="checkbox"/> PAINTED (Color) |       |                            |                       | 37. SEAT                                                                                                                                    |                                                                           |                           |  |
| 38. BRAKE<br>HAND <input type="checkbox"/> FOOT <input type="checkbox"/>                                                                                                                                       |  | 39. FENDERS<br>FRONT <input type="checkbox"/> REAR <input type="checkbox"/> NONE <input type="checkbox"/>                               |         |                                                                                                                                           |                               | 40. COLOR                                                   |       | 41. TRIM COLOR             |                       | 42. EQUIPMENT<br>LIGHT <input type="checkbox"/> BASKET <input type="checkbox"/> HORN <input type="checkbox"/> BAGS <input type="checkbox"/> |                                                                           |                           |  |
| 43. EQUIP. - CONTINUED<br>SPEEDOMETER <input type="checkbox"/> REFLECTOR <input type="checkbox"/> TAILLIGHT <input type="checkbox"/> PUMP <input type="checkbox"/> WATER BOTTLE <input type="checkbox"/> OTHER |  |                                                                                                                                         |         |                                                                                                                                           |                               |                                                             |       |                            |                       |                                                                                                                                             |                                                                           |                           |  |
| 44. VEHICLE USED BY SUSPECT<br>MAKE _____ MODEL _____ BODY STYLE _____ YEAR _____ COLOR _____ YR. STATE, LIC. _____ OTHER IDENTIFYING MARKS _____                                                              |  |                                                                                                                                         |         |                                                                                                                                           |                               |                                                             |       |                            |                       |                                                                                                                                             |                                                                           |                           |  |
| 45. SUSPECT                                                                                                                                                                                                    |  | SEX                                                                                                                                     | DESCENT | AGE                                                                                                                                       | HEIGHT                        | WEIGHT                                                      | BUILD | COMPLEXION                 | EYES                  | HAIR                                                                                                                                        | BEARD, MUSTACHE, SIDEBURNS                                                |                           |  |
| 46. SCARS, MARKS, DEFORMITIES                                                                                                                                                                                  |  |                                                                                                                                         |         | 47. GLASSES (Describe)                                                                                                                    |                               |                                                             |       | 48. CLOTHING WORN          |                       |                                                                                                                                             |                                                                           |                           |  |
| 49. SPEECH CHARACTERISTICS                                                                                                                                                                                     |  |                                                                                                                                         |         | 50. WHAT DID SUSPECT SAY?                                                                                                                 |                               |                                                             |       |                            |                       |                                                                                                                                             | 51. ARRESTED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                           |  |
| 52. NARRATIVE: Include general resume of crime, describe additional suspects and/or witnesses, arrest number and charge.                                                                                       |  |                                                                                                                                         |         |                                                                                                                                           |                               |                                                             |       |                            |                       |                                                                                                                                             |                                                                           |                           |  |
| 53. REPORT MADE BY                                                                                                                                                                                             |  |                                                                                                                                         |         | EMPLOYEE NO.                                                                                                                              |                               |                                                             |       | 54. INDEXED BY             |                       |                                                                                                                                             |                                                                           | DATE                      |  |
| 55. APPROVED BY                                                                                                                                                                                                |  |                                                                                                                                         |         | EMPLOYEE NO.                                                                                                                              |                               |                                                             |       | 56. BULLETIN BY            |                       |                                                                                                                                             |                                                                           | DATE                      |  |
| 57. ASSIGNED TO                                                                                                                                                                                                |  |                                                                                                                                         |         | EMPLOYEE NO.                                                                                                                              |                               |                                                             |       | 58. NCIC ENTRY BY          |                       |                                                                                                                                             |                                                                           | DATE                      |  |
| 59. CLEARED BY (Name)                                                                                                                                                                                          |  |                                                                                                                                         |         | ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> INACTIVE <input type="checkbox"/> EXCEPTIONAL <input type="checkbox"/> |                               |                                                             |       |                            |                       |                                                                                                                                             |                                                                           | 60. CLEARANCE APPROVED BY |  |

Figure 3-21. Bicycle Report



| WEEKLY REPORT<br>PERIOD ENDING _____ |                |                 |                      |                      |                      |                       |                      |
|--------------------------------------|----------------|-----------------|----------------------|----------------------|----------------------|-----------------------|----------------------|
|                                      | THIS<br>PERIOD | YEAR<br>TO DATE | LAST YEAR<br>TO DATE | PERCENT OF<br>CHANGE | CURRENT<br>12 MONTHS | PREVIOUS<br>12 MONTHS | PERCENT<br>OF CHANGE |
| MAJOR OFFENSES                       |                |                 |                      |                      |                      |                       |                      |
| HOMICIDE                             |                |                 |                      |                      |                      |                       |                      |
| ROBBERY                              |                |                 |                      |                      |                      |                       |                      |
| AGGRAVATED ASSAULT                   |                |                 |                      |                      |                      |                       |                      |
| RAPE                                 |                |                 |                      |                      |                      |                       |                      |
| BURGLARY                             |                |                 |                      |                      |                      |                       |                      |
| THEFT                                |                |                 |                      |                      |                      |                       |                      |
| AUTO THEFT                           |                |                 |                      |                      |                      |                       |                      |
| TOTALS                               |                |                 |                      |                      |                      |                       |                      |
| ARRESTS - ADULT AND JUVENILE         |                |                 |                      |                      |                      |                       |                      |
| HOMICIDE                             |                |                 |                      |                      |                      |                       |                      |
| ROBBERY                              |                |                 |                      |                      |                      |                       |                      |
| AGGRAVATED ASSAULT                   |                |                 |                      |                      |                      |                       |                      |
| RAPE                                 |                |                 |                      |                      |                      |                       |                      |
| BURGLARY                             |                |                 |                      |                      |                      |                       |                      |
| THEFT                                |                |                 |                      |                      |                      |                       |                      |
| AUTO THEFT                           |                |                 |                      |                      |                      |                       |                      |
| TOTALS                               |                |                 |                      |                      |                      |                       |                      |
| OTHER OFFENSES                       |                |                 |                      |                      |                      |                       |                      |
| B. AND E. - AUTO                     |                |                 |                      |                      |                      |                       |                      |
| WORTHLESS DOCUMENTS                  |                |                 |                      |                      |                      |                       |                      |
| TOTALS                               |                |                 |                      |                      |                      |                       |                      |
| OTHER ARRESTS                        |                |                 |                      |                      |                      |                       |                      |
| B. AND E. - AUTO                     |                |                 |                      |                      |                      |                       |                      |
| WORTHLESS DOCUMENTS                  |                |                 |                      |                      |                      |                       |                      |
| WEAPONS POSS.                        |                |                 |                      |                      |                      |                       |                      |
| LIQUOR LAWS                          |                |                 |                      |                      |                      |                       |                      |
| NARCOTICS                            |                |                 |                      |                      |                      |                       |                      |
| SEX OFFENSES                         |                |                 |                      |                      |                      |                       |                      |
| DRUNK                                |                |                 |                      |                      |                      |                       |                      |
| D.W.I.                               |                |                 |                      |                      |                      |                       |                      |
| OTHER ARRESTS                        |                |                 |                      |                      |                      |                       |                      |
| TOTALS                               |                |                 |                      |                      |                      |                       |                      |
| TRAFFIC ACCIDENTS                    |                |                 |                      |                      |                      |                       |                      |
| FATAL                                |                |                 |                      |                      |                      |                       |                      |
| INJURY                               |                |                 |                      |                      |                      |                       |                      |
| PROPERTY DAMAGE                      |                |                 |                      |                      |                      |                       |                      |
| TOTALS                               |                |                 |                      |                      |                      |                       |                      |
| TRAFFIC CITATIONS                    |                |                 |                      |                      |                      |                       |                      |
| MOVING CITATIONS                     |                |                 |                      |                      |                      |                       |                      |
| NON-MOVING CITATIONS                 |                |                 |                      |                      |                      |                       |                      |
| PARKING CITATIONS                    |                |                 |                      |                      |                      |                       |                      |
| TOTALS                               |                |                 |                      |                      |                      |                       |                      |
| JUVENILE ARRESTS                     |                |                 |                      |                      |                      |                       |                      |
| JUVENILES BOOKED                     |                |                 |                      |                      |                      |                       |                      |
| CONTACTS                             |                |                 |                      |                      |                      |                       |                      |
| ADULTS HANDLED                       |                |                 |                      |                      |                      |                       |                      |
| TOTALS                               |                |                 |                      |                      |                      |                       |                      |

Figure 3-22. Weekly Report



**CONSOLIDATED MONTHLY REPORT**  
For Month of \_\_\_\_\_, 19 \_\_\_\_

| OFFENSES REPORTED |            |                 |                 |                         | OFFENSES CLEARED           |            |                 |                 |                        |                        |
|-------------------|------------|-----------------|-----------------|-------------------------|----------------------------|------------|-----------------|-----------------|------------------------|------------------------|
| THIS MONTH        | LAST MONTH | THIS YR TO DATE | LAST YR TO DATE | % + OR - SM PRD LAST YR | CLASSIFICATION OF OFFENSES | THIS MONTH | LAST MONTH      | THIS YR TO DATE | LAST YR TO DATE        | % + OR - SM PRD LST YR |
|                   |            |                 |                 |                         | <b>Part 1</b>              |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 1. MURDER                  |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 2. NEG. HOMICIDE           |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 3. FORCIBLE RAPE           |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 4. ROBBERY                 |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 5. AGG. ASSAULT            |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 6. BURGLARY                |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 7. THEFT OVER              |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 8. THEFT UNDER             |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 9. AUTO THEFT              |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | TOTAL Part 1               |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | <b>Part 2</b>              |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 13. OTHER ASS.             |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 14. FORGERY & PASS.        |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 15. EMBEZZ. FRAUD          |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 16. REC. STOLEN PROP.      |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 17. WEAPONS POSS. etc.     |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 18. SEX OFF                |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 19. PROSTITUTION           |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 20. RESISTING ARREST       |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 21. NARCOTIC LAWS          |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 22. LIQUOR LAWS            |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 23. DRUNKENNESS            |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 24. D.W.I.                 |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 25. D.W.I. SUSR            |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 26. DISORDERLY CONDUCT     |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 27. GAMBLING               |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 28. ALL OTHER OFF.         |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 29. SUSP. PERSONS          |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | TOTAL Part 2               |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | TOTAL 1 & 2                |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | <b>Part 3</b>              |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | <b>TRAFFIC ANALYSES</b>    |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 30. SPEEDING               |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 31. DRIVERS LICENSE        |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 32. FAIL TO YIELD ROW      |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 33. DROVE LEFT OF CTR.     |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 34. IMP. OVERTAKING        |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 35. FOLLOW TOO CLOSELY     |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 36. MADE IMPROPER TURN     |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 37. INADEQUATE BRAKES      |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 38. IMPROPER LIGHTS        |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 39. ALL PARKING            |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 40. TRAFFIC SIGNAL         |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 41. STOP SIGNS             |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | 42. ALL OTHERS             |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | TOTAL TRAFFIC              |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | <b>Part 4</b>              |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | <b>JUVENILE OFFENSES</b>   |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | THIS MON                   | LAST MON   | THIS YEAR TO DT | LAST YEAR TO DT | % + OR - SM PRD LST YR |                        |
| Vandalism         |            |                 |                 |                         |                            |            |                 |                 |                        |                        |
| Runaway           |            |                 |                 |                         |                            |            |                 |                 |                        |                        |
| All Other         |            |                 |                 |                         |                            |            |                 |                 |                        |                        |
| Total Juv         |            |                 |                 |                         |                            |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | <b>Part 5</b>              |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | <b>TRAFFIC ACCIDENTS</b>   |            |                 |                 |                        |                        |
|                   |            |                 |                 |                         | THIS MON                   | LAST MON   | THIS YEAR TO DT | LAST YEAR TO DT | % + OR - SM PRD LST YR |                        |
| Death             |            |                 |                 |                         |                            |            |                 |                 |                        |                        |
| Injury            |            |                 |                 |                         |                            |            |                 |                 |                        |                        |
| Prop.             |            |                 |                 |                         |                            |            |                 |                 |                        |                        |
| Total             |            |                 |                 |                         |                            |            |                 |                 |                        |                        |

Figure 3-23. Consolidated Monthly Report



tally sheets maintained on a daily basis. The reports can serve as inputs for monthly, quarterly, and annual agency operating reports.

### 3.2.23 Index Cards

To retrieve swiftly and efficiently a report in the files or to make specific reference to a victim or offender, some form of indexing of such information is necessary. Standard 3- by 5-inch index cards are appropriate for such cross-referencing purposes. Two types of index cards are illustrated in Figures 3-24 and 3-25. That shown in Figure 3-24 is suitable for a single-entry system, while that shown in Figure 3-25 is suitable for a dossier system.

It should be noted that the single-entry system card lends itself well to use in a Type of Incident, Location of Incident, or Property File by simply circling or otherwise marking the specific type of entry for which the card is intended to serve. This would allow for preparation of only a single index card and the requisite number of duplicates to provide for all indexing needs. Simplicity and economy of effort are best served by using a standard index card for all incidents.

### 3.2.24 Special Request Log

Because of awakening public concern, coupled with the development of specific security and privacy policies by statute, it is advisable to maintain a log of requests for information made by other agencies, so as to document the appropriateness of the request at a later time, if required. This log, which can be in the form of a bound ledger, should include the following information:



|                  |                    |                           |
|------------------|--------------------|---------------------------|
| NAME AND ADDRESS |                    | INCIDENT OR<br>ARREST NO. |
| TYPE OF INCIDENT | IF ARREST, CHARGE: |                           |
| LOCATION         |                    |                           |
| PROPERTY         |                    |                           |

Figure 3-24. Single Entry-Type Index Card

|                  |                  |          |                           |
|------------------|------------------|----------|---------------------------|
| NAME AND ADDRESS |                  |          | DEPARTMENT NO.            |
| DATE             | TYPE OF INCIDENT | LOCATION | INCIDENT OR<br>ARREST NO. |
|                  |                  |          |                           |
|                  |                  |          |                           |
|                  |                  |          |                           |
|                  |                  |          |                           |
|                  |                  |          |                           |
|                  |                  |          |                           |

Figure 3-25. Dossier-Type Index Card



- Date of the request.
- Name of the requesting person.
- Requesting agency.
- Type of information requested and name of individual involved.
- Reason for request.
- Clerk processing the request.

### 3.3 Use of National and State Crime Information Systems

Selected warrants, stolen vehicles, and other stolen property should be entered into the State and/or NCIC systems. It is assumed in this manual that the agency staff is familiar with these systems, will interact accordingly, and will be responsible for ensuring input, update, and clearance of the agency's records. Inquiries should always be run at the time an individual is arrested. Reports of stolen and recovered vehicles and stolen property should be relayed without delay.

### 3.4 Review Process

Each officer must complete all necessary reports before the end of his tour of duty. This includes supervisory review and approval, and making necessary corrections. The supervisory review consists of editing the report and reviewing its contents in terms of completeness, accuracy, legibility, and conformance with established standards. After supervisory approval, reports are forwarded to the records unit for correlation with Dispatch Cards and assigned Incident Numbers.

The records unit is responsible for ensuring that Dispatch Cards



that indicate a report is forthcoming are correlated with the Incident Ledger entries, and that reports to which an Incident Number has been assigned have in fact been completed and forwarded. After auditing the receipt of reports, records unit personnel are responsible for the distribution, indexing, filing, and appropriate searching of Property Files, together with the provision of appropriate data to State and Federal crime information computer files and the compilation of Uniform Crime Reports (UCR) input data.

The review process is shown graphically in Figure 3.26.

### 3.5 Responsibilities of System Participants

The Model Records System can be viewed from several levels of participation. These levels are defined by both personnel assigned to each level and the functions performed therein. Specifically, these levels are:

- Dispatch unit.
- Officer/investigator.
- Supervisor.
- Records unit.

Each level of the system has specific functions and procedures regarding the overall performance of service.

#### 3.5.1 Dispatch Unit

The dispatch unit is the center of communications and the point at which report processing originates. The unit is responsible for:

- Receiving complaints from all sources, and  
dispatching officers to investigate those



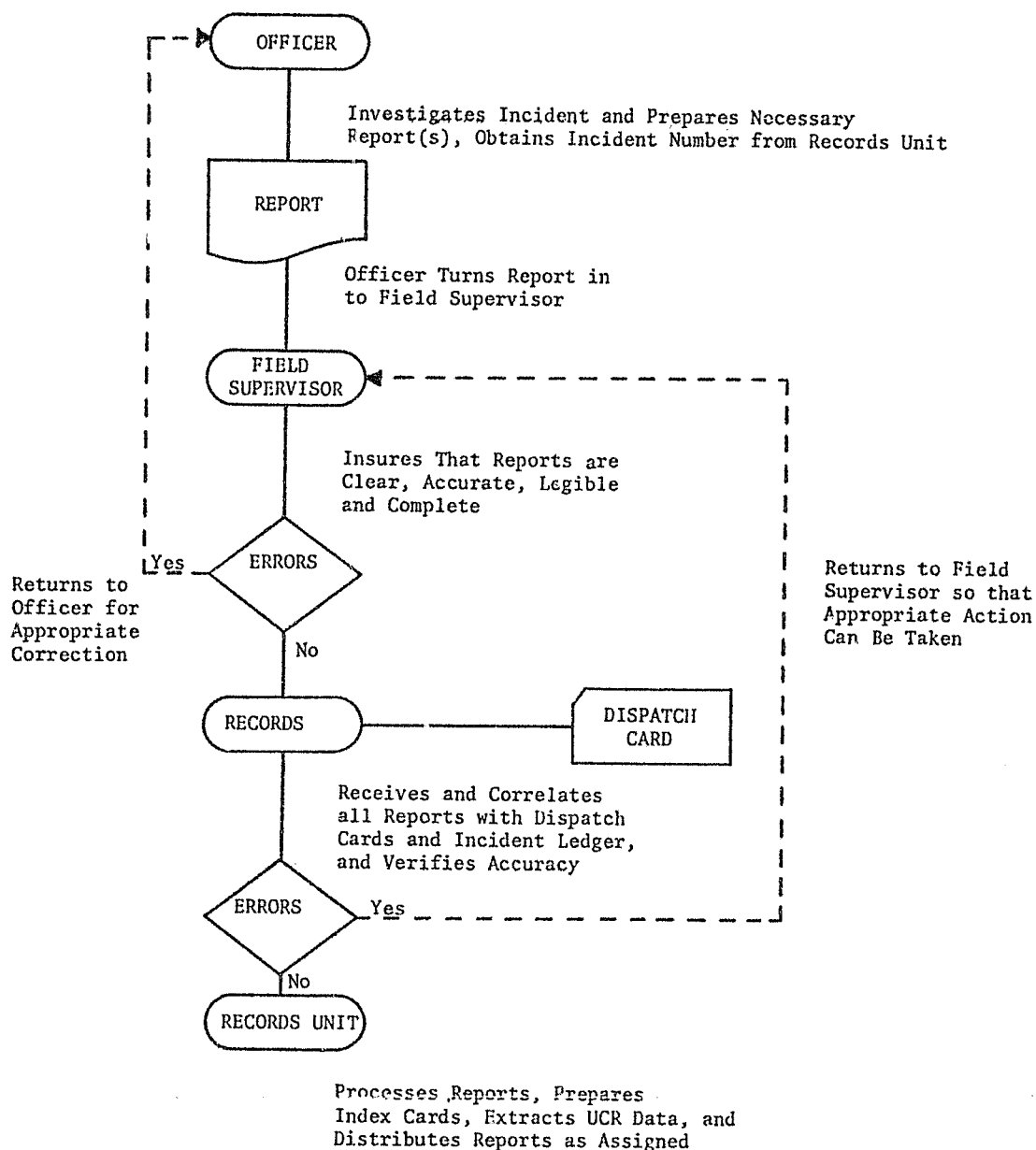


Figure 3-26. Review Process -- Flow Diagram



complaints.

- Providing communications support to officers in the field.
- Recording all activity of officers in the field so as to be constantly aware of their status.

In conjunction with most of these activities, the dispatch unit uses the following documents:

- Dispatch Card -- Records the receipt of a complaint or other notification of impending activity.
- Daily Report -- Prepares Daily Report of major incidents, as defined by agency policy.

### 3.5.2 Officer/Investigator

In providing all normal law enforcement services, the officer/investigator performs three primary duties:

- Patrol and surveillance (i.e., protection of life and property).
- Investigation of offenses and, in some cases, arrest of offenders.
- Public service and assistance.

In performance of these duties, the officer/investigator undertakes such daily activities as criminal or traffic investigations, supplementary investigations, providing assistance to other departments or the general citizenry, and providing security. The Model Records System provides for



the documentation of the date, time, and circumstances involved in the officer/investigator's performance of these duties. This task is accomplished through two basic procedures:

- The Dispatch Card is used as the first level of officer/investigator-dispatcher reporting. This ensures the capture and documentation of officer/investigator basic activity. In most cases, this card will be the only level of reporting required by the officer/investigator other than the Officer's Daily Report or the Investigative Activity Report.
- Information on the Dispatch Card is supplemented with reports submitted by the officer/investigators themselves on the investigations they perform. The generation of such reports is dependent upon the type of offense and circumstances involved.

The reports required by this system for use by the officer/investigator include:

- Offense, Vehicle, Traffic Accident, Miscellaneous Incident, and Property Reports. These forms are used for: Describing the incident that has occurred and those actions taken by the officer/



investigator; reporting names and other related information on persons involved in accidents; and recording serialized and, or nonserialized articles, events, suspects, and witnesses, statements, and investigative leads.

- Supplementary Report -- Used to report details of followup investigations, intelligence information not specifically related to a particular investigation, or as a continuation form for incident reporting.
- Traffic Citation -- Used in recording traffic violations.
- Field Interview Report -- Used by the officer/ investigator to report a self-initiated investigation.
- Arrest Report -- Used to initiate the jailing process and to fully describe the circumstances of an arrest.

### 3.5.3 Supervisor

The supervisor is responsible for the immediate supervision, control, and administration of personnel on his shift, and of activities or incidents that occur during his shift. He is responsible for reviewing and approving all reports generated during his shift. He ensures that each report is clear, accurate, legible, and completed according to



established procedures and policies. He then turns all reports over to the records unit. Specifically, the supervisor reviews those reports turned in to him by the officers and, in addition, completes the Supervisor's Daily Report.

#### 3.5.4 Records Unit

The records unit receives and reviews all field reports for completeness and consistency, accounts for each Incident Number issued, and correlates Dispatch Cards with the required reports, recording missing or incomplete reports for followup. The following activities are included:

- Receiving and verifying all reports.
- Extracting data that are needed for  
Uniform Crime Reports inputs and internal reports.
- Distributing internal, courts, and prosecutive copies of the reports, as required.
- Indexing and filing of agency copies of all reports.
- Forwarding fingerprints to State agencies and/or the Federal Bureau of Investigation.
- Processing requests for information pertaining to investigative and/or police services.



- Maintenance of the Incident Ledger (and, in smaller departments, the Property and Arrest Ledgers).

The forms used by the records unit include:

- Dispatch Card.
- Offense Report.
- Miscellaneous Incident Report.
- Vehicle Report.
- Traffic Accident Report.
- Property Report.
- Supplementary Report.
- Arrest Report.
- Citation.
- Field Interview Report.
- Records Sign-Out form.
- Periodic Statistical Summary Report.

The ledgers used by the records unit include:

- Incident Ledger.
- Arrest Ledger.
- Property Ledger.



#### 4. MODEL RECORDS SYSTEM IMPLEMENTATION

This chapter establishes a series of incremental levels at which a law enforcement agency can elect to implement the Model Records System described in this guide. These levels are appropriate for different sizes of agencies and provide the executive with a series of choices in terms of system complexity on an ascending scale. Because of the many factors influencing such a choice for the individual agency, it is not possible to predetermine guidelines for the suitability of a particular level to a specific size of agency.

The following summary of Model Records System component forms will aid in defining the parameters of each of the incremental levels recommended in this chapter:

- Dispatch Card -- A prenumbered, 3- by 7-inch card used by the dispatcher to record calls-for-service.
- Incident Ledger -- The agency record of reported field incidents that serves as the incident numbering source for the Model Records System.
- Daily Report -- An intradepartmental newsletter of significant incidents prepared from Dispatch Cards and the Incident Ledger.
- Offense Report -- Completed on all criminal offenses coming to the attention of the agency, except:



- Traffic offenses disposed of with a citation.
- Offenses not involving a crime against property or a specific person or organization, when an arrest is made.
- Where the optional Worthless Document Report or Bicycle Report is used in lieu of an Offense Report.
- Miscellaneous Incident Report -- Used to record those incidents of significance not reported on the Offense, Traffic Accident, Vehicle, or Property Reports.
- Vehicle Report -- Used to report stolen, recovered, and impounded vehicles.
- Supplementary Report -- Used as a continuation or followup supplement to any other report.
- Traffic Accident Report -- Used to report all reportable traffic accidents.
- Property Report -- Used to record all receipts into agency custody except prisoner's personal property.
- Property Tag -- Attached to all property received into agency custody except prisoners' property.
- Property Ledger -- A control device for chronological cross-reference of all property accepted into agency custody.



- Arrest Report -- Used to report all circumstances associated with an arrest.
- Arrest Ledger -- Provides a chronological register of all persons arrested and serves as the arrest numbering source for the Model Records System.
- Traffic Citation -- Used for traffic offenses not involving physical arrest.
- Field Interview Report -- Used to report and identify suspicious persons for possible future investigative purposes.
- Officer's Daily Report -- Covers all activities during a tour of duty, including minor incidents not the subject of formal reports, together with a recapitulation of the officer's daily accomplishments.
- Investigative Activity Report -- Covers all activities during a tour of duty, including a recapitulation of the investigator's daily accomplishments.
- Supervisor's Daily Report -- A record of activities occurring during a tour of duty.
- Worthless Document Report -- An optional crime-specific report used to record offenses involving forgeries, alterations, counterfeiting, and bad checks.



- Bicycle Report -- An optional crime-specific report used to record the loss, finding, theft, or recovery of a bicycle.

Tables 4-1 through 4-8 present the eight incremental levels of implementation recommended for the Model Records System.

It should be noted that an increase in report forms as reporting processes become more detailed does not lead directly to an increase in necessary ledgers, files, or indexes. In the same manner, an increase in files does not necessarily lead to an increase in indexes. The limited number of ledgers, using only two numbering systems (three if a Department Number is used), should suffice under any of these systems. Most information to be extracted from even the more complex systems can be found in only four files: Primary, Traffic Citation, Arrest Package, and Officer's Daily Report. The limited number of indexes allow for simple retrieval of information from the two main files: Primary, and Arrest Package.

Chronological cross-references are inherent in the Incident Ledger, the Arrest Ledger, and the Officer's Daily Report File. In those cases where a tabulation of activities is routinely necessary but no index file is depicted, a system of hand-tallying as pertinent reports are processed in the records unit is a more satisfactory solution than development and maintenance of voluminous index files. In those cases where a tabulation of activities is necessary (but only on an infrequent basis) and no index file is depicted, a hand tally of the Incident or Arrest Ledgers is usually a more satisfactory solution than development and maintenance of voluminous index files.



The relationships of the ledgers and files within the Model Records System is shown graphically in Figure 4-1.



TABLE 4-1

Model Records System -- Implementation Level A

| <u>Report Forms</u>                                                                                                   | <u>Ledgers</u>                                                                   | <u>Files</u>                                                        | <u>Indexes</u> |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------|
| 1. Offense Report<br>(Criminal and noncriminal incidents, including arrests. Also used as the Supplementary Reports). | 1. Incident<br>(Serves as record of dispatches, Daily Report, and Arrest Ledger) | 1. Primary<br>(Offense Traffic Accident, and Supplementary Reports) | 1. Master Name |
| 2. Traffic Accident Report                                                                                            | 2. Property<br>(Serves as record of property booked)                             | 2. Traffic Citation                                                 |                |
| 3. Traffic Citation                                                                                                   |                                                                                  | 3. Parking Citation                                                 |                |
| 4. Parking Citation                                                                                                   |                                                                                  |                                                                     |                |
| 5. Property Tag<br>(Also used as the Property Report)                                                                 |                                                                                  |                                                                     |                |



TABLE 4-2

Model Records System -- Implementation Level B

| <u>Report Forms</u>                                                                  | <u>Ledgers</u>                                            | <u>Files</u>                                                                             | <u>Indexes</u> |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------|----------------|
| 1. Offense Report<br>(Criminal and non-criminal incidents and Supplementary Reports) | 1. Incident<br>(Serves as Daily Report and Dispatch Card) | 1. Primary                                                                               | 1. Master Name |
| 2. Traffic Accident Report                                                           | 2. Property                                               | 2. Traffic Citation                                                                      |                |
| 3. Traffic Citation                                                                  | 3. Arrest<br>(Serves as record of persons arrested)       | 3. Parking Citation                                                                      |                |
| 4. Parking Citation                                                                  |                                                           | 4. Arrest Package<br>(All Arrests and related reports pertaining to a particular person) |                |
| 5. Property Tag (Also used as the Property Report)                                   |                                                           |                                                                                          |                |
| 6. Arrest Report                                                                     |                                                           |                                                                                          |                |



TABLE 4-3

Model Records System -- Implementation Level C

| <u>Report Forms</u>                                      | <u>Ledgers</u>                             | <u>Files</u>                                                      | <u>Indexes</u> |
|----------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------|----------------|
| 1. Offense Report<br>(All criminal incidents)            | 1. Incident<br>(Serves as Daily<br>Report) | 1. Primary<br>(Including miscell-<br>aneous incidents<br>Reports) | 1. Master Name |
| 2. Traffic Accident<br>Report                            | 2. Property                                | 2. Traffic Citation                                               |                |
| 3. Traffic Citation                                      | 3. Arrest                                  | 3. Parking Citation                                               |                |
| 4. Parking Citation                                      |                                            | 4. Arrest Package                                                 |                |
| 5. Property Tag (Also<br>used as the Property<br>Report) |                                            | 5. Dispatch Card                                                  |                |
| 6. Arrest Report                                         |                                            | 6. Officer's Daily Report                                         |                |
| 7. Dispatch Card                                         |                                            |                                                                   |                |
| 8. Miscellaneous Incident                                |                                            |                                                                   |                |
| 9. Supplementary Report                                  |                                            |                                                                   |                |
| 10. Officer's Daily Report                               |                                            |                                                                   |                |



TABLE 4-4

Model Records System -- Implementation Level D

| <u>Report Forms</u>              | <u>Ledgers</u> | <u>Files</u>              | <u>Indexes</u> |
|----------------------------------|----------------|---------------------------|----------------|
| 1. Offense Report                | 1. Incident    | 1. Primary                | 1. Master Name |
| 2. Traffic Accident Report       | 2. Property    | 2. Traffic Citation       |                |
| 3. Traffic Citation              | 3. Arrest      | 3. Parking Citation       |                |
| 4. Parking Citation              |                | 4. Arrest Package         |                |
| 5. Arrest Report                 |                | 5. Dispatch Card          |                |
| 6. Dispatch Card                 |                | 6. Officer's Daily Report |                |
| 7. Miscellaneous Incident Report |                | 7. Daily Report           |                |
| 8. Supplementary Report          |                |                           |                |
| 9. Officer's Daily Report        |                |                           |                |
| 10. Daily Report                 |                |                           |                |
| 11. Property Report              |                |                           |                |
| 12. Property Tag                 |                |                           |                |



TABLE 4-5

Model Records System -- Implementation Level E

| <u>Report Forms</u>              | <u>Ledgers</u> | <u>Files</u>              | <u>Indexes</u>     |
|----------------------------------|----------------|---------------------------|--------------------|
| 1. Offense Report                | 1. Incident    | 1. Primary                | 1. Master Name     |
| 2. Traffic Accident Report       | 2. Property    | 2. Traffic Citation       | 2. Field Interview |
| 3. Traffic Citation              | 3. Arrest      | 3. Parking Citation       | a. Location        |
| 4. Parking Citation              |                | 4. Arrest Package         | b. Name            |
| 5. Arrest Report                 |                | 5. Dispatch Card          |                    |
| 6. Dispatch Card                 |                | 6. Officer's Daily Report |                    |
| 7. Miscellaneous Incident Report |                | 7. Daily Report           |                    |
| 8. Supplementary Report          |                |                           |                    |
| 9. Officer's Daily Report        |                |                           |                    |
| 10.. Daily Report                |                |                           |                    |
| 11. Property Report              |                |                           |                    |
| 12. Property Tag                 |                |                           |                    |
| 13. Field Interview Report       |                |                           |                    |
| 14. Vehicle                      |                |                           |                    |



TABLE 4-6

Model Records System -- Implementation Level F

| <u>Report Forms</u>               | <u>Ledgers</u> | <u>Files</u>                     | <u>Indexes</u>     |
|-----------------------------------|----------------|----------------------------------|--------------------|
| 1. Offense Report*                | 1. Incident    | 1. Primary                       | 1. Master Name     |
| 2. Traffic Accident Report        | 2. Property    | 2. Traffic Citation              | 2. Field Interview |
| 3. Traffic Citation               | 3. Arrest      | 3. Parking Citation              | a. Location        |
| 4. Parking Citation               |                | 4. Arrest Package                | b. Name            |
| 5. Arrest Report                  |                | 5. Dispatch Card                 | 3. Property        |
| 6. Dispatch Card                  |                | 6. Officer's Daily Report        | a. Stolen          |
| 7. Miscellaneous Incident Report  |                | 7. Daily Report                  | b. Booked          |
| 8. Supplementary Report           |                | 8. Supervisor's Daily Report     |                    |
| 9. Officer's Daily Report         |                | 9. Investigative Activity Report |                    |
| 10. Daily Report                  |                |                                  |                    |
| 11. Property Report               |                |                                  |                    |
| 12. Property Tag                  |                |                                  |                    |
| 13. Field Interview Report        |                |                                  |                    |
| 14. Vehicle                       |                |                                  |                    |
| 15. Supervisor's Daily Report     |                |                                  |                    |
| 16. Investigative Activity Report |                |                                  |                    |

\*Crime-specific Offense Reports can be used



TABLE 4-7

## Model Records System -- Implementation Level G

| <u>Report Forms</u>               | <u>Ledgers</u> | <u>Files</u>                     | <u>Indexes</u>      |
|-----------------------------------|----------------|----------------------------------|---------------------|
| 1. Offense Report*                | 1. Incident    | 1. Primary                       | 1. Master Name      |
| 2. Traffic Accident Report        | 2. Property    | 2. Traffic Citation              | 2. Field Interview  |
| 3. Traffic Citation               | 3. Arrest      | 3. Parking Citation              | a. Location         |
| 4. Parking Citation               |                | 4. Arrest Package                | b. Name             |
| 5. Arrest Report                  |                | 5. Dispatch Card                 | 3. Property         |
| 6. Dispatch Card                  |                | 6. Officer's Daily Report        | a. Stolen           |
| 7. Miscellaneous Incident Report  |                | 7. Daily Report                  | b. Booked           |
| 8. Supplementary Report           |                | 8. Supervisor's Daily Report     | 4. Location         |
| 9. Officer's Daily Report         |                | 9. Investigative Activity Report | a. Traffic Accident |
| 10. Daily Report                  |                |                                  |                     |
| 11. Property Report               |                |                                  |                     |
| 12. Property Tag                  |                |                                  |                     |
| 13. Field Interview Report        |                |                                  |                     |
| 14. Vehicle Report                |                |                                  |                     |
| 15. Supervisor's Daily Report     |                |                                  |                     |
| 16. Investigative Activity Report |                |                                  |                     |
| 17. Bicycle Report                |                |                                  |                     |
| 18. Worthless Document Report     |                |                                  |                     |

\*Crime-specific Offense Reports can be used



TABLE 4-8

Model Records System -- Implementation Level H

| <u>Report Forms</u>               | <u>Ledgers</u> | <u>Files</u>                     | <u>Indexes</u>      |
|-----------------------------------|----------------|----------------------------------|---------------------|
| 1. Offense Report*                | 1. Incident    | 1. Primary                       | 1. Master Name      |
| 2. Traffic Accident Report        | 2. Property    | 2. Traffic Citation              | 2. Field Interview  |
| 3. Traffic Citation               | 3. Arrest      | 3. Parking Citation              | a. Location         |
| 4. Parking Citation               |                | 4. Arrest Package                | b. Name             |
| 5. Arrest Report                  |                | 5. Dispatch Card                 | 3. Property         |
| 6. Dispatch Card                  |                | 6. Officer's Daily Report        | a. Stolen           |
| 7. Miscellaneous Incident Report  |                | 7. Daily Report                  | b. Booked           |
| 8. Supplementary Report           |                | 8. Supervisor's Daily Report     | 4. Location         |
| 9. Officer's Daily Report         |                | 9. Investigative Activity Report | a. Traffic Accident |
| 10. Daily Report                  |                |                                  | b. Type of Incident |
| 11. Property Report               |                |                                  |                     |
| 12. Property Tag                  |                |                                  |                     |
| 13. Field Interview Report        |                |                                  |                     |
| 14. Vehicle Report                |                |                                  |                     |
| 15. Supervisor's Daily Report     |                |                                  |                     |
| 16. Investigative Activity Report |                |                                  |                     |
| 17. Bicycle Report                |                |                                  |                     |
| 18. Worthless Document Report     |                |                                  |                     |

\*Crime-specific Offense Reports can be used



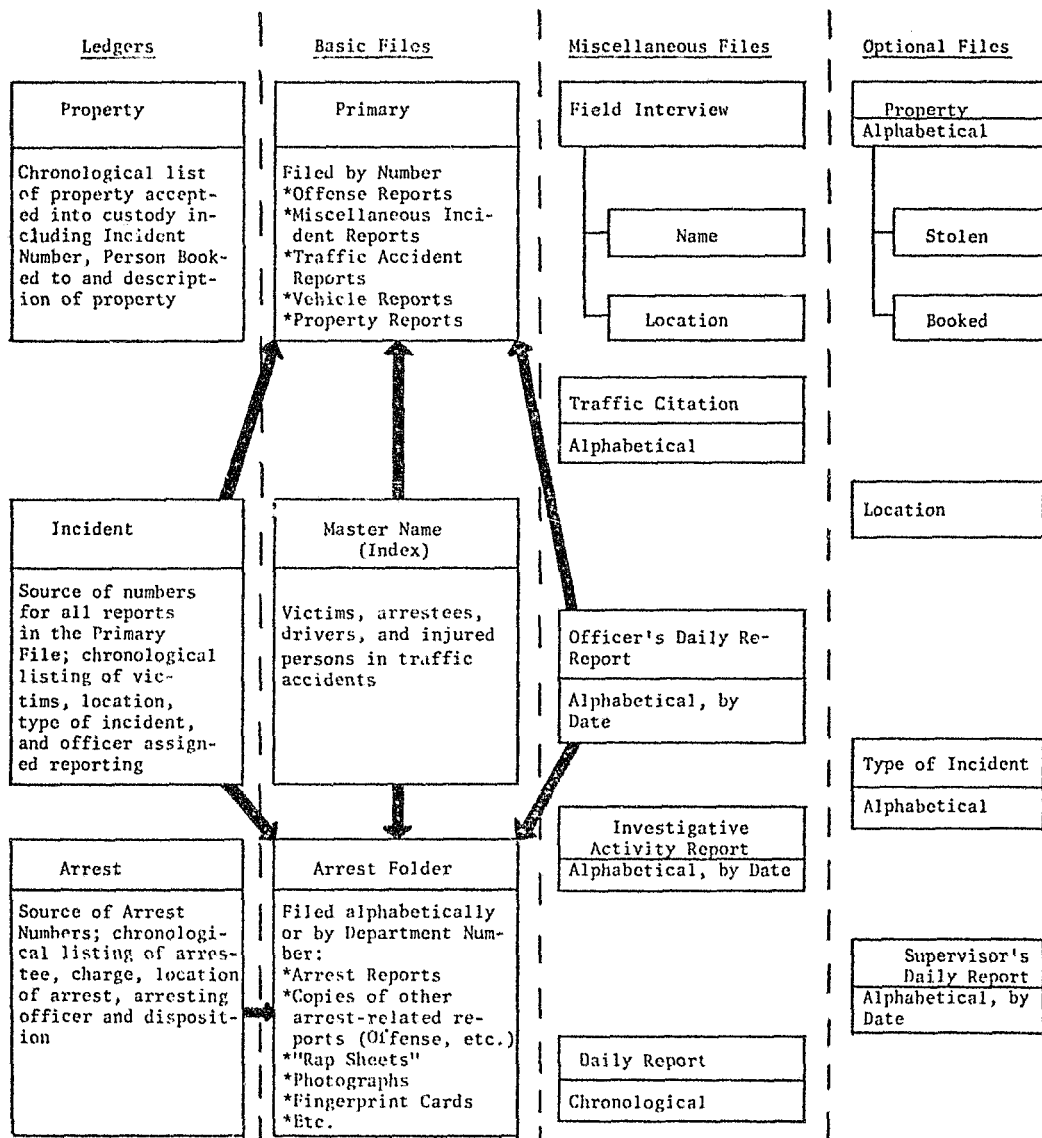


Figure 4-1. Ledger and File Relationships



APPENDIX A

Field Reporting Guide



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## 1. PURPOSE OF REPORTS

An officer writes an investigative report to record his activities and findings. The investigative report is a permanent record of the case, the basis for evaluation of what has been done, the basis for deciding further action and the basis for prosecution.

Information obtained from the various reports of a law enforcement agency can be tabulated within that agency to give a picture of criminal and noncriminal activity within a jurisdiction. This information explains where and how police officers and their equipment are being used and it can also indicate where and how they should be used.

Reports can be used in manpower allocation plans with regard to single- or multiple-crime-specific planning. This capability can be on a tactical or strategical basis. Officers can be alerted to be on the lookout for known criminals or the modus operandi of the unidentified perpetrators of specific offenses. The records of a law enforcement agency, which are based upon the reports of its officers, are an aid in the planning of the police budget and the distribution of funds within the agency. Long-range planning for the agency to meet changing crime conditions is based on the information from reports. Reports can also be used to identify both the general and individual training needs of personnel so that appropriate measures can be instituted.



The report represents a convenient method for keeping other interested agencies informed. In addition to aiding the work of other public departments, the information derived from reports can be used to keep the public informed of police problems and accomplishments. Such information becomes the basis for public support of the law enforcement agency.

It cannot be overemphasized that, no matter how well done, an investigation can be no better than the manner in which the report is written. The investigator must remember that his report tells the reader the manner in which the investigation was conducted. Moreover, it is the basis for evaluation of the quality of the investigation and the investigator. A poor report of a good investigation will give the impression of a poor investigation.

## 2. DEFINITIONS AND MULTIPLE OFFENSES

Offense definitions should be based on the FBI Uniform Crime Reporting Guide.

Not uncommonly, a field situation involves the commission of more than one offense. The following guidelines are offered:

- Offenses Against the Person -- An Offense Report should be prepared for each victim.
- Offenses Against Property -- For the offenses of robbery, burglary, larceny and auto theft, an Offense Report should be prepared for each separate and distinct operation. A distinct



operation is one wherein all of the actions occur at one time and place. If actions are separated by time or space, more than one report will be required. Examples:

- Robbery -- Four people in one restaurant are held up by an armed robber. One Offense Report (listing multiple victims) is prepared.
- Burglary (Apartments) -- One Offense Report is prepared for each apartment entered.

Note

Hotels are *not* considered to be apartments. If a burglary occurs in a building where transient lodging is the business, one Offense Report is prepared regardless of the number of rooms entered.

- Burglary (Office Buildings) -- One Offense Report for each business burglarized.
- Larceny -- Five washing machines in a self-service laundry are rifled. One Offense Report is prepared.
- Larceny -- Five parking meters, five Offense Reports.
- Larceny -- Batteries stolen from three automobiles on a used car lot, one Offense Report.



- Larceny -- Batteries stolen from three automobiles on a parking lot or street (different victims), three Offense Reports.
- Auto Theft -- One Vehicle Report for each motor vehicle stolen.

### 3. ITEMS COMMON TO MOST REPORTS

#### 3.1 Legibility

All handwritten reports should be written with a ball point pen using dark ink (felt tip pens are not acceptable). Reports can be written in longhand, providing they are legible; otherwise, they should be lettered. All reports should be completed in legible form before the concerned officer goes off duty.

#### 3.2 Names

All proper names (including names of businesses) should be spelled out in full. In recording proper names, the last name is listed first, followed by the first name and middle initial. The last name should be printed in CAPITAL letters. If the name is a common one, the middle name should be spelled out.

#### 3.3 Addresses

The apartment, suite, or room number is an integral part of an address. Military personnel should be identified by unit number and the name of the ship, station, or military installation. Indicate the street number for each address and, where no street number is available,



use the distance and direction to a known geographical location. Addresses recorded in the blocks provided should represent the permanent residence address. If the individual is temporarily staying in the city, this temporary address should be indicated under the narrative section of the report if sufficient space is not found in the address block. For example, an address might be recorded as "234 West Longview, Salt Lake City, Utah, temporarily staying at the Hilton Hotel, 1604 South Main St."

#### 3.4 Telephone Numbers

Include the area code and/or extension number when applicable.

#### 3.5 Dates

The number of the day followed by the first three letters of the month and last two digits of the year is one satisfactory way of recording the date. For example, "14 Dec 78." Where a span of dates is to be indicated, use a dash between first and last date. For example, "10-14 Dec 78." Another satisfactory procedure is to list the month, day, and year numerically (i.e., "03-14-78" for March 14, 1978).

#### 3.6 Time

Each indication of time must clearly state "a.m." or p.m." Indicate spread of time by a dash between the first and last known times. For example: "5:30 a.m. - 6:15 a.m." Equally satisfactory is the use of the 24-hour clock (1:00 p.m. = 1300 hrs.; 4:00 a.m. = 0400 hrs.).



### 3.7 Witnesses

Obtain as complete information as possible, keeping in mind the instructions above as to names and addresses. Record sex, descent and age using standard abbreviations. This general descriptive information about witnesses is often pertinent when it is later necessary to locate a witness for interview or to testify in court. If the space is inadequate, record the information about additional witnesses in the narrative.

### 3.8 Reporting District

This is the Reporting District (RD) number *where the incident occurred*. Reporting Districts are smaller divisions of census tracts or beats and are used to pinpoint activity locations.

### 3.9 Sex, Descent, and Age

The sex, descent, and age of suspects and witnesses should be obtained as accurately as can be accomplished through observation, interview, or questioning persons who might be able to provide this information. With reference to victims, this information should be obtained tactfully by interview or, if refused, by observation. In recording these data, the following standard abbreviations should be used:

Sex: Male - M

Female - F

Descent: White = W

Black - B



Mexican - MEX

Chinese, Japanese or other Oriental - O

Puerto Rican - PR

American Indian - IND

Other Races - OTH

Age: This is the age of the individual on his last birthday.

A spread of years can be used when age must be estimated

(for example, "25-30.")

The designations for Descent differ from the Race classifications used in the Federal Bureau of Investigation's Uniform Crime Reporting program. The intended use of Descent designations in most police reports is that of visual identification by, or for the benefit of, police personnel. Reclassification will be necessary when statistical reports are compiled for Uniform Crime Reporting purposes. The Uniform Crime Reporting classifications for Race are:

Chinese - C

American Indian - I

Japanese - J

Negro - N

All other (including Asian, Indian, Eskimo, Philipino,

Hawaiian, Indonesian, Korean, Polynesian, and

other nonwhite) - O

White (including Latin and Mexican ) - W

Unknown - X



### 3.10 Occupations

A number of the report forms provide for recording the occupation of an individual. Record the general line of work by means of which the person ordinarily earns his livelihood. For example, a bricklayer, even if currently unemployed, would be shown as "bricklayer." An officer in a bank would be shown as "banker," while a bookkeeper in a bank would be shown as "bookkeeper." If the individual is unemployed by reason of retirement, the phrase "retired-dentist" for example would be indicated. In cases of unemployed married women, the entry would normally be "housewife."

### 3.11 Value

Indicate the fair market value for articles subject to depreciation. Use cost to merchant (wholesale price) in thefts from retail stores, warehouses, etc. Stolen checks, securities and nonnegotiable instruments are valued at the cost of the paper only since they have no value until acted upon.

### 3.12 General Entry Guidelines

The basic rule in reporting is that all boxes should be completed, wherever possible. There are instances where, by their very nature, boxes do not apply to the particular case being reported. In such cases, they should be marked "N/A" to indicate the box was considered but determined to be not applicable, or a dash (-) should be entered in the box. This also helps to ensure that the reporting officer considered the applicability of each box. Except in those instances



where circumstances clearly indicate otherwise, all boxes must be completed with either the information or one of the following indicators: (1) None, (2) N/A (or a dash), (3) Refused, or (4) Unknown. In cases where the word Unknown is entered, the reason should be explained in the body of the report, if appropriate. If any box provides inadequate space in a particular case, note in the box the words "See Below," and record or continue the details under the Narrative (inserting the number of the box continued under Item No. in the left column of the Narrative).

### 3.13 Signatures

An investigating officer completing a report should sign it and indicate his number in the space provided. If the report is a joint investigation by two or more officers, all should sign.

## 4. DESCRIPTIONS

### 4.1 Persons

For the purpose of report writing, it is essential that descriptions be detailed, complete, and standardized to the extent possible. Emergency descriptions identifying a fleeing suspect obtained for immediate broadcast should be supplemented by further questioning of complainant or witnesses, before the officer submits his report. In addition to Name, Nickname, and Address, the description must, if possible, include:

Sex: M or F

Descent: Use common abbreviations (W, B, MEX, O, PR, IND, OTH)



Age: A span of ages can be used if the exact age is unknown, such as 25-30.

Complexion: Use specific terms, such as Light, Brn, Olive, Ruddy, etc.

Height: Self-explanatory

Weight: Self-explanatory

Build: Use specific terms, such as slim, husky.

Hair: Specify the type, such as straight, curly, kinky. Include the condition of baldness, such as frontal, total, crown. Note the type of haircut and possibility of a wig. Give color.

Eyes: Describe shape and color. If the suspect wore glasses, describe.

Beard, Mustache,  
or Sideburns: Describe in detail.

Peculiarities: What is unusual about subject. For example, amputations, nervous tic, peculiar mannerisms or movement, good teeth, prominent scars, deformities, speech oddities, tatoos, etc.

#### 4.2 Property

For all articles listed, regardless of what they may be, always show the maker's or brand name, serial and model numbers, size and color, and valuation. Show any initials or other marks of identification



that may have been added after purchase of articles. If owner is not sure of valuation, give approximate valuation, in line with the agency policy regarding value of property lost or stolen.

#### 4.2.1 Clothing

Clothing should always be described in order, from hat to shoes. In addition to identifying the articles by name such as "hat," "coat," "dress," "slacks," be sure to include:

|                       |                                                                                           |
|-----------------------|-------------------------------------------------------------------------------------------|
| Style:                | Single-breasted sport coat, fingertip<br>mink stole, etc. Include hat style<br>and color. |
| Color:                | Brown and white tweed, dark green<br>satin, flowered print, red on green,<br>etc.         |
| Identifiable Defects: | Ripped left sleeve, grease spot on<br>back, etc.                                          |
| Jewelry:              | Lodge pins, emblems, rings, bracelets,<br>necklaces, etc.                                 |

Give name of article to be described. In describing men's, women's, children's, or infants' clothing, always indicate size, color, maker's label, laundry or cleaner's marks, and kind of materials.

- Men's Suits -- State whether single- or double-breasted, number of buttons, whether two- or three-piece (coat, vest, and pants; or coat and two pair of pants), whether evening, street, or sport suits; state



kind of lining, if any; plain or pleated  
trousers, if known; etc.

- Men's Coats -- State whether overcoat, short jacket, raincoat; single- or double-breasted; type of trimming, lining; also if belted.
- Men's Miscellaneous Clothing -- Include shorts, shirts, socks, sweaters, ties, shoes, scarves, pajamas, dressing gown, etc. Describe completely.
- Women's Dresses -- State whether evening, street, house, or suit; kind of trimming, if any (such as fur, lace, metallic, contrasting, or self-trim); one- or two-piece style.
- Women's Coats -- State whether full-length or short; whether evening, sport, or dress type. Give full description of trimming, buttons, etc.; indicate color and kind of lining. Give complete and full description of fur coats, kind of fur, lining, etc.
- Women's Miscellaneous Clothing -- Include lingerie, underwear, pajamas, stockings, shoes, socks, sweaters, scarves, shawls, skirts, housecoats, pantsuits, slacks, etc.
- Children's and Infants' Clothing -- Follow general descriptions as given for men's and women's clothing.



#### 4.2.2 Jewelry

After giving the name of the article to be described, include the following when it is part of the description:

- Color(s) and kind(s) of metal(s).
- Number, kind, color, cut, and size of stones.
- Type of mounting, filigree, plain, engraved, etc.
- Type of setting: Basket, tiffany, sunken, box, etc.
- Inscriptions, dates, engravings, initials, serial numbers, and jeweler's markings.

Specific information for each article includes:

- Rings -- State kind of metal, kind, size, cut, type, and number of stones (diamond, ruby, etc.); whether plain, engraved, or filigree; and any jeweler's marks, inscriptions, or initials.
- Watches -- State make (Elgin, Hamilton, Timex, etc.) movement, and case and jewel numbers; size of watch; type of case (open-faced or covered); number of adjustments, if known; whether plain or engraved or set with stones.  
If it has chain or wrist band attached, describe giving color, material, length, etc.
- Necklaces -- State length, number of strands, whether matched or graduated stones or beads; whether strung on thread or chain (giving kind and color); describe clasp.



- Pendants -- State size, shape; whether strung on chain, ribbon, cord, or thread; give color and type; describe clasp.
- Brooches and Bar Pins -- State size and shape; whether plain, engraved, or filigree; also whether pin has safety clasp attached.
- Stick Pins -- State size, shape, and kind of stones; state whether safety clasp attached.
- Bracelets -- State width; whether link, filigree, solid, flexible, or half-clasp type; whether plain, engraved, or stone set; whether safety chain attached and type of clasp.
- Earrings -- State style and length; whether screw, clasp, or pierce type; describe stones, color, etc.
- Emblems, Charms, Lodge Pins, Etc. -- State size and shape; name of organization (Masonic, Elks, Eagles; Phi Beta Kappa, Sigma Chi; nurse's or military service; American Legion; etc.).
- Buckles and Other Miscellaneous Articles of Jewelry -- State size, color, shape, stones, etc.

Note

If any of the above are matched sets (ring, pin, necklace, earrings, bracelet, etc.) so state.



State whether costume, antique, or modern-type jewelry.

CAUTION

When officers are personally describing items of recovered jewelry in Property Reports, or the property of an arrestee, indicate colors rather than materials (for example: "Brooch, yellow metal, red and white stones," *not* "Gold pin with rubies and diamonds."

4.2.3 Household Articles

Give the name of the article being described.

- Rugs -- State size; color or combination of colors; plain or design; whether domestic or oriental; type (Axminster, Wilton, Broadloom, etc.); give maker's name when known; whether fringed or bordered; cleaner's marks; all other marks, such as stains, tears, mends, etc.
- Bedding -- (Includes sheets, pillowcases, blankets, spreads, quilts, comforters, mattress covers, etc.) State what article is, then give a complete description of size, color, material, cleaner or laundry marks, and monograms, if any.
- Dishes and Glassware -- State whether complete sets, giving pattern and number of pieces (both



china and glass); state whether porcelain, pottery, cut glass, blown glass, or just ordinary china or glass. Give maker's label or mark, monograms, or other marks.

- Silverware -- Includes flatware (table silver, knives, forks, spoons, etc.), as well as hollow ware (coffee, tea, and chocolate sets; complete silver services). Give maker's label, kind of metal (such as sterling, plated, stainless or pewter); owner's initials or other inscriptions; type of pattern; and number of pieces to set.
- Clocks -- State kind, color, size, movement, and case numbers, if known; whether china, porcelain, bronze, iron, wood, plastic, glass, leather, etc. State whether mantel, kitchen, boudoir, grandfather, traveling, etc.; give maker's label, state whether 8-day type and, if chime clock, kind of chimes (Westminster, etc.).
- Furniture -- State what article is; then give complete description, stating kind of wood or metal, color, kind of material covering, and trimming. In cases of matched sets (such as bedroom, dining or living room furniture), give



number of pieces in set, and state number of pieces stolen.

- Pianos, Radios, and Televisions -- Pianos -- state maker's label and serial number, if any; state if upright, baby grand, spinet, etc. Radios and televisions -- show maker's label, serial number, whether console, table model, midget, transceiver, portable, low- or high-boy type, size of screen, etc. Give kind of wood or metal; show color and kind of trim, if any.
- Lamps -- State kind (i.e., floor, bridge, table or boudoir); give kind of wood or metal, number of globes, whether reflector type; state whether it has a base light; show kind, color, and size of shade. In the case of table and boudoir lamps, state whether statuary, glass, china, pottery, metal base, or other.
- Miscellaneous -- Include ornaments, pictures, statues, bric-a-brac. Describe in detail, stating particularly any labels, serial numbers, or other identifying marks.

#### 4.2.4 Other Property

Give the name of the article to be described.

- Firearms -- State maker's name; caliber or gauge; color of metal; serial numbers, type of handles



or stocks; note any marks, inscriptions, or initials. State whether revolver, automatic pistol, pumpgun, rifle, or shotgun; number of barrels (if multiple); and shell capacity.

- Tires -- State size, maker's name, color, tread, and serial numbers, if available; state whether mounted on rim with wheel and tube (or tubeless) or alone.
- Drugs -- State amount, kind, manufacturer, container, size, valuation, and any other description available.
- Office Machines -- Includes cash registers, adding machines, typewriters, bookkeeping machines, calculators, check protectors, and other office machines. State maker's name, size, model and serial numbers, color, etc. Also any other marks, labels, or inscriptions.
- Cameras and Accessories, Projectors and Cases -- State maker's name, model number, serial number, lens name and number, and shutter number. State kind of material (plastic, metal, or leather) of camera, projector, and case.
- Electrical Equipment -- Includes toasters, irons, hair dryers, bulbs, sockets, generators, motors,



waffle irons, percolators, portable water heaters, bottle warmers, refrigerators, and other electrical equipment. State maker's name, kind of material, color, size, model and serial numbers, and any initials or other marks of inscriptions.

- Building Equipment -- Includes lath, wire, plaster, bricks, stucco, glass, marble, lumber, roofing material, paint, nails, cement, etc. Give size, color, maker's name, number or amount of articles lost or stolen, and any lot or serial numbers available.
- Optical Goods -- Includes spectacles and cases, opera glasses and binoculars, telescopes and cases, microscopes, refractometers, comparators, and any other optical equipment. State maker's name, color, material of article, as well as case; serial and model numbers (power number or size in case of binoculars, telescopes, etc.); initials or other marks of identification.
- Books -- State name of book, author, publisher's name if known, color and kind of material of binding. State approximate size of book, as well as any inscriptions, such as owner's name, book-plate, or author's signature.



- Medical and Dental Instruments -- Includes stethoscopes, blood-testing apparatus, hypo-needle outfits, etc. State maker's name, size, serial numbers, model numbers, material, color and marks of identification. Also show size and color of case.
- Musical Instruments -- Includes banjos, saxophones, guitars, trombones, trumpets, violins, clarinets, piccolos, flutes, etc. State maker's name, color, material, number or other marks of identification. Also describe carrying cases.
- Knives -- Includes hunting, pocket, butcher, etc. State color, kind of material of handle; numbers, maker's name, inscriptions, etc.; also describe carrying case, if any.
- Pens and Pencils -- Includes fountain pens, pen and pencil desk sets, etc. Give maker's name, color, size, whether man's or woman's, numbers, initials, or other marks of identification.
- Smoking Materials -- Includes pipes, tobacco, cigarettes, cigars, lighters, cases, etc. State color and size of pipes; amount of tobacco, number of cigars or cigarettes (box or package or humidor jar), maker's name, etc.



- Sewing Machines -- State maker's name, brand name, serial number of both machine and motor; state whether table or portable type, and any other marks or inscriptions.
- Sporting Goods -- Includes fishing poles, tackle, lines, tents and awnings, skis, snow shoes, toboggans, golf clubs, rackets, etc. State maker's name, numbers, color, kind of material, and initials or other inscriptions.
- Groceries -- State kind of article and amount, brand label, and any other general description available.
- Toilet Articles and Cosmetics -- Includes brushes, combs, mirrors, perfume bottles, manicure sets, powder, perfume, cold cream, shampoo, toothpaste, lipstick, hair oil, soap, etc. State size, color, material, maker's or brand name, initials, numbers or other marks of identification.
- Tools -- Includes carpenter's, plumber's, electrician's, machinist's, mechanic's, etc. State kind of tool, serial number, maker or brand name, initials or other marks of identification. State number of tools lost or stolen, and size.



- Animals, Birds, and Fish -- Includes dogs, cats, horses, pigs, cows, poultry, birds, goldfish, snakes, etc. State kind of animal, bird, or fish: size, color, name, age; license number, if any; and other description available.
- Automobile Supplies and Equipment -- Includes spotlights, wheels, tubes, carburetors, spark plugs, bumpers, etc. (other than tires). State size, color, maker's name, serial numbers, number of articles, and other marks of identification.
- Leather Goods -- Includes trunks, suitcases, purses, briefcases, sample cases, belts, suspenders saddles, billfolds, etc. State size, color, maker's name, serial numbers, initials, or other marks of identification.
- Bicycles -- State name, size of frame, size of wheels, color, kind of seat, brake, number of speeds, boy's or girl's, tires, baskets, horns, lights, serial number and license number, if known; and initials and other identifying marks.



## 5. ENTRY COMPLETION INSTRUCTIONS

A functional method for making the information on completion of each report available to field personnel is to print the instructions on a series (one for each type of report form) of heavy-card-stock, 8-1/2-by 11-inch notebook dividers, with each divider tabbed for a specific type of report. The dividers can be made more durable by plasticizing them.

### 5.1 Offense Report

The Offense Report (see Figure A-1) is used to record the circumstances of all criminal offenses coming to the attention of the police, regardless of the value of property taken, extent of injury, or likelihood of successful prosecution except:

- Vehicle thefts (reported on the Vehicle Report).
- Traffic and other citable violations disposed of by means of a Citation.
- Offenses which do not involve a crime against property or specific persons, wherein an arrest is made. Examples are:
  - Carry concealed weapons.
  - Narcotics possession.
  - Prostitution.
- Offenses that are reported on optional crime-specific report forms such as the Worthless Document Report and the Bicycle Report.



| 1. INCIDENT NO.                                                                                                                                                                                                               |  | OFFENSE REPORT |         |                                                                                                                                                                                             |                       |                                   |       |                                         |                |                                  |                            |                                                          |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|-------|-----------------------------------------|----------------|----------------------------------|----------------------------|----------------------------------------------------------|-----|
| 2. VICTIM'S NAME (Firm name if business)                                                                                                                                                                                      |  |                |         | 3. ADDRESS                                                                                                                                                                                  |                       |                                   |       | 4. RES. PHONE                           |                | 5. BUS. PHONE                    |                            |                                                          |     |
| 6. OFFENSE                                                                                                                                                                                                                    |  |                |         | 7. LOCATION NUMBER                                                                                                                                                                          |                       | STREET                            |       | APT. B. R.D.                            |                | 9. CONNECTED REPORTS AND NUMBERS |                            |                                                          |     |
| 10. DATE AND TIME OCCURRED                                                                                                                                                                                                    |  |                |         | 11. DAY OF WEEK                                                                                                                                                                             |                       | 12. WEATHER CONDITIONS            |       |                                         |                | 13. DATE AND TIME REPORTED       |                            |                                                          |     |
| 14. PERSON REPORTING CRIME TO POLICE                                                                                                                                                                                          |  |                |         | 15. RESIDENCE ADDRESS                                                                                                                                                                       |                       |                                   |       | 16. RES. PHONE                          |                | 17. BUS. PHONE                   |                            |                                                          |     |
| 18. PERSON DISCOVERING CRIME                                                                                                                                                                                                  |  |                |         | 19. RESIDENCE ADDRESS                                                                                                                                                                       |                       |                                   |       | 20. RES. PHONE                          |                | 21. BUS. PHONE                   |                            |                                                          |     |
| 22. WITNESS NAME                                                                                                                                                                                                              |  | SEX            | DESCENT | AGE                                                                                                                                                                                         | 23. RESIDENCE ADDRESS |                                   |       |                                         | 24. RES. PHONE |                                  | 25. BUS. PHONE             |                                                          |     |
| (A)                                                                                                                                                                                                                           |  |                |         |                                                                                                                                                                                             |                       |                                   |       |                                         |                |                                  |                            |                                                          |     |
| (B)                                                                                                                                                                                                                           |  |                |         |                                                                                                                                                                                             |                       |                                   |       |                                         |                |                                  |                            |                                                          |     |
| (C)                                                                                                                                                                                                                           |  |                |         |                                                                                                                                                                                             |                       |                                   |       |                                         |                |                                  |                            |                                                          |     |
| 26. VICTIM'S OCCUPATION                                                                                                                                                                                                       |  |                |         | 27. TYPE OF PREMISES OF CRIME                                                                                                                                                               |                       |                                   |       | 28. WHERE WAS VICTIM?                   |                |                                  |                            |                                                          |     |
| 29. WHAT WAS VICTIM DOING?                                                                                                                                                                                                    |  |                |         | 30. VICTIM'S CONDITION                                                                                                                                                                      |                       |                                   |       | 31. LOCATION OF PROPERTY STOLEN         |                |                                  |                            |                                                          |     |
|                                                                                                                                                                                                                               |  |                |         | SOBER <input type="checkbox"/> HBD <input type="checkbox"/> INFLUENCE <input type="checkbox"/> INTOX. <input type="checkbox"/> DRUGS <input type="checkbox"/> UNK. <input type="checkbox"/> |                       |                                   |       |                                         |                |                                  |                            |                                                          |     |
| 32. TOOL, WEAPON OR MEANS USED                                                                                                                                                                                                |  |                |         | 33. METHOD USED TO COMMIT CRIME                                                                                                                                                             |                       |                                   |       | 34. OBJECT OF ATTACK OR PROPERTY STOLEN |                |                                  |                            |                                                          |     |
| 35. VALUE OF PROP.                                                                                                                                                                                                            |  |                |         | 36. TRADEMARK OR UNUSUAL EVENT                                                                                                                                                              |                       |                                   |       | 37. POINT OF ENTRY                      |                | 38. NO. SUSPECTS                 | SEX                        | DESCENT                                                  | AGE |
| 39. VEHICLE FROM WHICH THEFT OCCURRED                                                                                                                                                                                         |  |                |         | YEAR                                                                                                                                                                                        | COLORS                | YR. STATE, LIC.                   |       | OTHER IDENTIFYING MARKS                 |                |                                  |                            |                                                          |     |
| MAKE                                                                                                                                                                                                                          |  | MODEL          |         | BODY STYLE                                                                                                                                                                                  |                       |                                   |       |                                         |                |                                  |                            |                                                          |     |
| 40. SUSPECT                                                                                                                                                                                                                   |  | SEX            | DESCENT | AGE                                                                                                                                                                                         | HEIGHT                | WEIGHT                            | BUILD | COMPLEXION                              | EYES           | HAIR                             | BEARD, MUSTACHE, SIDEBURNS |                                                          |     |
| 41. SCARS, MARKS, DEFORMITIES                                                                                                                                                                                                 |  |                |         | 42. GLASSES (Describe)                                                                                                                                                                      |                       |                                   |       | 43. CLOTHING WORN                       |                |                                  |                            |                                                          |     |
| 44. SPEECH CHARACTERISTICS                                                                                                                                                                                                    |  |                |         | 45. WHAT DID SUSPECT SAY?                                                                                                                                                                   |                       |                                   |       |                                         |                |                                  |                            | 46. ARRESTED?                                            |     |
|                                                                                                                                                                                                                               |  |                |         |                                                                                                                                                                                             |                       |                                   |       |                                         |                |                                  |                            | YES <input type="checkbox"/> NO <input type="checkbox"/> |     |
| 47. VEHICLE USED BY SUSPECT                                                                                                                                                                                                   |  | BODY STYLE     |         | YEAR                                                                                                                                                                                        | COLORS                | YR. STATE, LIC.                   |       | OTHER IDENTIFYING MARKS                 |                |                                  |                            |                                                          |     |
| MAKE                                                                                                                                                                                                                          |  | MODEL          |         |                                                                                                                                                                                             |                       |                                   |       |                                         |                |                                  |                            |                                                          |     |
| 48. KIND OF PROPERTY RECOVERED                                                                                                                                                                                                |  |                |         | 49. VALUE                                                                                                                                                                                   |                       | 50. NAME OF INVESTIGATOR NOTIFIED |       |                                         |                | 51. DATE AND TIME                |                            |                                                          |     |
| 52. NARRATIVE <i>Include description of evidence obtained and disposition, detailed description of property taken, general resume of crime, etc. Describe additional suspects and/or witnesses, arrest number and charge.</i> |  |                |         |                                                                                                                                                                                             |                       |                                   |       |                                         |                |                                  |                            |                                                          |     |
| 53. REPORT MADE BY                                                                                                                                                                                                            |  |                |         | EMPLOYEE NO.                                                                                                                                                                                |                       |                                   |       | 54. INDEXED BY                          |                | DATE                             |                            |                                                          |     |
| 55. APPROVED BY                                                                                                                                                                                                               |  |                |         | EMPLOYEE NO.                                                                                                                                                                                |                       |                                   |       | 56. BULLETIN BY                         |                | DATE                             |                            |                                                          |     |
| 57. ASSIGNED TO                                                                                                                                                                                                               |  |                |         | EMPLOYEE NO.                                                                                                                                                                                |                       |                                   |       | 58. NCIC ENTRY BY                       |                | DATE                             |                            |                                                          |     |
| 59. CLEARED BY (Name)                                                                                                                                                                                                         |  |                |         | ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> INACTIVE <input type="checkbox"/> EXCEPTIONAL <input type="checkbox"/>                                                   |                       |                                   |       | 60. CLEARED/NOT APPROVED BY             |                |                                  |                            |                                                          |     |

Figure A-1. Offense Report



Complete the entry for each Item as follows:

- (1) Enter the number assigned to the report.
- (2) Enter the last name first (in capitals), first name, and middle initial (if a common name, enter full middle name). If a business firm, use the name under which the business is conducted.
- (3) Give the exact address. If a resident of another city, include the city name. If visiting locally, give the local address also (use the body of report for additional space).
- (4) Self-explanatory.
- (5) Self-explanatory. Include the area code and/or extension number, if applicable.
- (6) Use the words that most clearly describe the type of offense (e.g., Theft [Till-Tap], Burglarly, Theft [Pickpocket], Robbery, Aggravated Assault). If the offense was attempted but not completed, place the word "Attempt" in front of the type of offense.
- (7) Give the exact address. When no specific address can be connected with the location of occurrence, indicate as: "Rear of 241 S Main St," "S/W corner of 5th and Broadway Sts," "Fargo St, 1-2/10 miles W of Bridge 102."
- (8) Enter the number of the Reporting District of occurrence.



- (9) List all other reports related to this incident (Vehicle, Arrest, Property, etc.) and identifying numbers, if different from the Incident Number assigned to this report.
- (10) Enter the date and time according to agency policy (e.g., 14 Dec 78 or 12-14-78; 5:30PM or 1730 hours).
- (11) Self-explanatory.
- (12) Describe as raining, snowing, sunny, etc.
- (13) Same as Item 10. Refers to the date and time offense was formally reported to the agency.
- (14) Last name first (in capitals), first name, middle initial (if a common name, enter full middle name).
- (15) Same as Item 3.
- (16) Self-explanatory.
- (17) Same as Item 5.
- (18) Same as Item 14.
- (19) Same as Item 3.
- (20) Self-explanatory.
- (21) Same as Item 5.
- (22) Same as Item 14 (Use B and C for additional witnesses). Describe Descent as W (White), B (Black), MEX (Mexican), O (Oriental), PR (Puerto Rican), IND (American Indian), or OTH (Other). Do not list persons in this section who are listed elsewhere in this report under another category.



- (23) Same as Item 3.
- (24) Self-explanatory.
- (25) Same as Item 5.
- (26) If an individual, give the exact occupation (e.g., carpenter, jewelry salesman). If a business firm, give the position held by the person reporting the offense (e.g., clerk, cashier, owner). If the individual is retired, also indicate (e.g., retired carpenter).
- (27) Describe specifically (e.g., residence garage, hotel room, two-story residence, market, liquor store).
- (28) Enter the victim's actual location at the time of the incident (e.g., front room, bedroom, out of town, in basement). Give the actual name or address where victim was, when possible.
- (29) Describe the victim's actions (e.g., visiting friends, attending funeral, shopping, sleeping, bathing).
- (30) Enter the officer's and/or witnesses' opinions.
- (31) Describe the precise location (e.g., under mattress, in cookie jar, on front porch),
- (32) Describe in detail (e.g., 8" butcher knife, .38 cal S&W revolver). If unknown, estimate from physical evidence (e.g., probably 1/4" screwdriver, probably 1" pry bar).



- (33) Describe specifically (e.g., sawed hasp, pried window, force, gained victim's confidence, slugged and choked, slapped).
- (34) For a crime against person, describe the apparent motive (e.g., sexual, revenge, drunken argument). For a crime against property, list the two or three items that constitute the greatest loss to the victim.
- (35) Estimate the value when the actual value is unknown. In determining value, depreciation should be considered. New property stolen from a merchant should be listed at wholesale value, not retail. If the property stolen consists of only business papers, family photographs, or the like, do not indicate a value; place a dash in the box.
- (36) Indicate unusual actions, conduct, or conversation (if witnessed) that will assist in identifying the perpetrators (e.g., left tools at scene, ate food in refrigerator, defecated on floor).
- (37) Describe point or part where entrance was attempted or gained (e.g., side kitchen window, rear door).
- (38) List the number and describe.
- (39) Make is the specific name of the manufacturer (e.g., Ford, Chevrolet). Model is the name of the vehicle (e.g., Pinto, Mustang, Monte Carlo). Report the



body style as "4-dr sedan," "2-dr conv," "1/2-ton pickup trk," etc. If the vehicle top is a different color or is vinyl, describe by listing the top color first, then the bottom color (e.g., "blk/red" "wht vinyl/grn").

- (40) Self-explanatory.
- (41) Self-explanatory. Include tattoos.
- (42) Indicate whether rimless, tinted, silver frames, etc.
- (43) Self-explanatory.
- (44) Indicate as stuttered, southern accent, lisped, etc.
- (45) Describe suspect's significant specific words (e.g., "Put all the money in the bag," "I wouldn't do this except that I need rent money.").
- (46) Self-explanatory.
- (47) Same as Item 39.
- (48) Self-explanatory.
- (49) Same as Item 35.
- (50) Self-explanatory.
- (51) Same as Item 10.
- (52) Self-explanatory.
- (53) Reporting officer's name and number.
- (54 - 60) For office and/or investigator's use.

## 5.2 Miscellaneous Incident Report

The Miscellaneous Incident Report (see Figure A-2) is used to officially and permanently record actions of officers and/or incidents not reported on



| MISCELLANEOUS INCIDENT REPORT                              |  |         |  |                                                                                 |  |        |  |                      |  |       |                          |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
|------------------------------------------------------------|--|---------|--|---------------------------------------------------------------------------------|--|--------|--|----------------------|--|-------|--------------------------|------------|--|----------------------------------|--|------|--|----------------------------|--|------------------------|--|----------------------|--|
| 1. INCIDENT NO.                                            |  |         |  |                                                                                 |  |        |  |                      |  |       |                          |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
| 2. PERSON INVOLVED (primary)                               |  |         |  | 3. ADDRESS                                                                      |  |        |  | 4. RES. PHONE        |  |       | 5. BUS. PHONE            |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
| 6. TYPE OF INCIDENT                                        |  |         |  | 7. LOCATION                                                                     |  | NUMBER |  | STREET               |  | APT.  |                          | 8. I.C.D.  |  | 9. CONNECTED REPORTS AND NUMBERS |  |      |  |                            |  |                        |  |                      |  |
| 10. DATE AND TIME OCCURRED                                 |  |         |  | 11. DATE AND TIME REPORTED                                                      |  |        |  | 12. PERSONS NOTIFIED |  |       |                          |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
| 13. PERSON REPORTING                                       |  |         |  | 14. RESIDENCE ADDRESS                                                           |  |        |  | 15. RES. PHONE       |  |       | 16. BUS. PHONE           |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
| 17. WITNESS NAME                                           |  |         |  | 18. RESIDENCE ADDRESS                                                           |  |        |  | 19. RES. PHONE       |  |       | 20. BUS. PHONE           |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
| INJURY                                                     |  |         |  | 21. EXTENT OF INJURY                                                            |  |        |  | 22. CAUSE            |  |       | 23. TRANSPORTED TO       |            |  | 24. TRANSPORTED BY               |  |      |  |                            |  |                        |  |                      |  |
| MISSING PERSON                                             |  |         |  | 25. LAST SEEN (location, date, time)                                            |  |        |  |                      |  |       | 26. IN COMPANY OF        |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
| 27. CAUSE OF ABSENCE                                       |  |         |  | 28. VEHICLE USED? YES <input type="checkbox"/> NO <input type="checkbox"/>      |  |        |  | 29. OCCUPATION       |  |       | 30. BUS. ADDRESS         |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
| (If so, describe below)                                    |  |         |  |                                                                                 |  |        |  |                      |  |       |                          |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
| 31. SEX                                                    |  | DESCENT |  | AGE                                                                             |  | HEIGHT |  | WEIGHT               |  | BUILD |                          | COMPLEXION |  | EYES                             |  | HAIR |  | BEARD, MUSTACHE, SIDEBURNS |  | 32. PHYSICAL CONDITION |  | 33. MENTAL CONDITION |  |
| 34. SCARS, MARKS, DEFORMITIES                              |  |         |  | 35. GLASSES (describe)                                                          |  |        |  | 36. CLOTHING WORN    |  |       |                          |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
| 37. PROBABLE DESTINATION                                   |  |         |  | 38. MISSING PREVIOUSLY YES <input type="checkbox"/> NO <input type="checkbox"/> |  |        |  | 39. IF SO, DATE      |  |       | 40. IF SO, WHERE LOCATED |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
| ANIMAL (If person injured, also complete "Injury" section) |  |         |  | 41. DESCRIPTION OF ANIMAL                                                       |  |        |  |                      |  |       |                          |            |  | 42. DISPOSITION                  |  |      |  |                            |  |                        |  |                      |  |
| 43. OWNER                                                  |  |         |  | 44. RESIDENCE ADDRESS                                                           |  |        |  | 45. RES. PHONE       |  |       | 46. BUS. PHONE           |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
| OTHER INCIDENT                                             |  |         |  | 47. DESCRIBE:                                                                   |  |        |  |                      |  |       |                          |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
| 48. DETAILS                                                |  |         |  |                                                                                 |  |        |  |                      |  |       |                          |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
| 49. REPORT MADE BY                                         |  |         |  | EMPLOYEE NO.                                                                    |  |        |  | 50. INDEXED BY       |  |       | DATE                     |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
| 51. APPROVED BY                                            |  |         |  | EMPLOYEE NO.                                                                    |  |        |  | 52. BULLETIN BY      |  |       | DATE                     |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |
| 53. ASSIGNED TO                                            |  |         |  | EMPLOYEE NO.                                                                    |  |        |  | 54. NO. ENTRY BY     |  |       | DATE                     |            |  |                                  |  |      |  |                            |  |                        |  |                      |  |

Figure A-2. Miscellaneous Incident Report



either the Offense, Traffic Accident, Vehicle, or Property Report. Usage is limited to noncriminal situations of such importance that a detailed official record is desirable. Examples are:

- Industrial injuries.
- Missing person.
- Dog bite.
- Rabid animal destroyed by officer.
- Lost property reported.
- Dangerous excavation.
- Suicide or attempt suicide (even though a crime).

Complete the entry for each Item as follows:

- (1) Enter the number assigned to the report.
- (2) Enter the name of the person who is involved as the primary participant in the reported incident (e.g., injured person, missing person, officer firing his service revolver). Enter the last name first (in capitals), first name, and middle initial (if a common name, enter full middle name). If a business firm, use the name under which the business is conducted.
- (3) Give the exact address of the person involved. If a resident of another city, include the city name. If visiting locally, give the local address also (use body of report for additional space).
- (4) Self-explanatory.
- (5) Self-explanatory; include the area code and/or extension number if applicable.



- (6) Use the words that most clearly describe the type of incident (e.g., dog bite, industrial accident, lost property).
- (7) Give the exact address. When no specific address can be connected with the location of occurrence, indicate as: "Rear of 241 S Main St," "S/W corner of 5th and Broadway Sts," "Fargo St, 1-2/10 miles W of Bridge 102," etc.
- (8) Enter the number of the Reporting District of occurrence.
- (9) List all other reports related to this incident (Vehicle, Arrest, Property, etc.) and identifying numbers, if different from the Incident Number assigned to this report.
- (10) Enter the date and time according to agency policy (e.g., 14 Dec 78 or 12-14-78; 5:30PM or 1730 hours).
- (11) Same as Item 10. Refers to the date and time incident was formally reported to the agency.
- (12) Indicate the name of parent, investigator, coroner's office representative, etc., and identify the relationship to the person involved.
- (13) The last name first (in capitals), first name, middle initial (if a common name, enter full middle name).
- (14) Same as Item 3.
- (15) Self-explanatory.
- (16) Same as Item 5.



- (17) Same as Item 13.
- (18) Same as Item 3.
- (19) Self-explanatory.
- (20) Same as Item 5.
- (21) Indicate seriousness as determined from medical authorities or, if unavailable, the officer's opinion.  
  
In complex situations, describe as serious, major, etc., and describe in detail under Item 48. In relatively simple situations, describe as broken leg, scalp laceration, etc.
- (22) Indicate the probable cause (e.g., fall, self-inflicted, dog bite).
- (23) Hospital or treatment facility to which the injured person was taken.
- (24) Means by which the injured person was transported to the hospital or medical facility (e.g., "Metropolitan Ambulance Co.," "Pri Veh - John Smith," etc.
- (25) Self-explanatory.
- (26) Indicate the names and addresses of persons last seen with missing person.
- (27) If known, indicate the reason for absence (e.g., argument with parents, possible suicide attempt, senility).
- (28) Self-explanatory. Include the make (e.g., Ford, Chevrolet, model (e.g., Pinto, Vega, Monte Carlo), year, body style



(e.g., 4-dr sedan," "2-dr conv," "1/2-ton pickup trk"), colors, year, State, license number, and other identifying characteristics.

- (29) If an individual, give the exact occupation (e.g., carpenter, jewelry salesman). If a business firm, give the position held by the person reporting the incident (e.g., nightwatchman, owner). If the individual is retired, also indicate (e.g., retired carpenter).
- (30) Self-explanatory. If not local, indicate city.
- (31) Self-explanatory.
- (32) Describe as poor health, blind, etc.
- (33) Describe as alert, senile, etc.
- (34) Self-explanatory. Include tatoos.
- (35) Indicate whether rimless, tinted, silver frames, etc.
- (36) Self-explanatory.
- (37) Describe as "Father's home, 374 W Grant St, Dallas, Tex.," etc.
- (38) Self-explanatory.
- (39) Self-explanatory.
- (40) Indicate the address and city and, if pertinent, the person in company of the missing person (e.g., "374 W Grant St, Dallas, Tex. - Father").
- (41) Describe as "Female german shepard, black and tan, red collar with tags," "large gray/white opossum," "brown cat," etc.



- (42) Indicate the final disposition (e.g., "Pen #3, Animal Shelter," "Destroyed - animal shelter," "Owner's custody," etc.
- (43) The last name first (in capitals), first name, and middle initial (if a common name, enter full middle name).  
If a business firm, use the name under which the business is conducted.
- (44) Give the exact address of the owner. If a resident of another city, include the city name. If visiting locally, give the local address also (use the body of the report for additional space).
- (45) Self-explanatory.
- (46) Self-explanatory. Include the area code and/or extension number if applicable.
- (47) Identify the type of incident.
- (48) Self-explanatory.
- (49) Reporting officer's name and number.
- (50 - 54) For office and/or investigator use.

### 5.3 Vehicle Report

The Vehicle Report (See Figure A-3) is used to report the circumstances of stolen, recovered, and impounded vehicles. Complete the entry for each Item as follows:

- (1) Enter the number assigned to the report.
- (2) Enter the last name first (in capitals), first name, and middle initial (if a common name, enter full middle name). If a business firm, use the name under which the business is conducted.



| 1. INCIDENT NO.                                                                                                                                                                          |  | VEHICLE REPORT                                                                                                                            |                        |                                                                                |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------|----------------------------|
| 2. VEHICLE OWNER                                                                                                                                                                         |  | 3. RES. ADDRESS                                                                                                                           |                        | 4. RES. PHONE                                                                  | 5. BUS. PHONE              |
| 6. THEFT <input type="checkbox"/> THEFT AND RECOVERY <input type="checkbox"/> RECOVERY FOR OTHER JURIS <input type="checkbox"/> IMPOUND <input type="checkbox"/>                         |  | 7. LOCATION OF OCCURRENCE:<br>NUMBER STREET APT.                                                                                          |                        |                                                                                | 8. R.D.                    |
| 9. DATE AND TIME OCCURRED                                                                                                                                                                |  | 10. DAY OF WEEK                                                                                                                           | 11. WEATHER CONDITIONS |                                                                                | 12. DATE AND TIME REPORTED |
| 13. TYPE OF PREMISES                                                                                                                                                                     |  | 14. VEHICLE DESCRIPTION<br>MAKE MODEL                                                                                                     |                        | 15. VIN. NO.                                                                   |                            |
| 16. OTHER IDENTIFYING MARKS                                                                                                                                                              |  | 17. DECALS                                                                                                                                |                        |                                                                                |                            |
| 18. ACCESSORIES HEATER <input type="checkbox"/> SPOTLIGHT <input type="checkbox"/> RADIO <input type="checkbox"/> TAPE DECK <input type="checkbox"/> AIR COND. <input type="checkbox"/>  |  | 19. CYLINDERS 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/>                                            |                        | 20. TRANSMISSION STAND. <input type="checkbox"/> AUTO <input type="checkbox"/> |                            |
| 21. POWER EQUIP. SEAT <input type="checkbox"/> WINDOWS <input type="checkbox"/> BRAKES <input type="checkbox"/> STEERING <input type="checkbox"/>                                        |  | 22. VALUE                                                                                                                                 |                        |                                                                                |                            |
| 23. INDICATE DAMAGE BY LOCATION                                                                                                                                                          |  | 24. PERSONAL PROP. IN VEH.<br>YES <input type="checkbox"/> (describe below) NO <input type="checkbox"/>                                   |                        | 25. MILEAGE                                                                    |                            |
| 26. IGNITION LOCKED? YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                            |  | 27. DOORS LOCKED? YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                |                        | 28. TITLE HOLDER (If financed-name of institution)                             |                            |
| 29. ADDRESS                                                                                                                                                                              |  | 30. PHONE                                                                                                                                 |                        | 31. DATE LAST PAYMENT                                                          |                            |
| 32. PERSON LAST DRIVING VEHICLE                                                                                                                                                          |  | 33. ADDRESS                                                                                                                               |                        | 34. RES. PHONE                                                                 |                            |
| 35. BUS. PHONE                                                                                                                                                                           |  | 36. VEHICLE INSURED BY WHAT COMPANY                                                                                                       |                        | 37. ADDRESS                                                                    |                            |
| 38. ANYONE GIVEN PERMISSION TO DRIVE?<br>YES <input type="checkbox"/> (describe below) NO <input type="checkbox"/>                                                                       |  | 39. WHERE WAS PERSON LAST DRIVING AT TIME OF THEFT?                                                                                       |                        |                                                                                |                            |
| 40. SOBRIETY OF THAT PERSON<br>SOBER <input type="checkbox"/> HGD <input type="checkbox"/> INTOX <input type="checkbox"/> UNK. <input type="checkbox"/>                                  |  | 41. IF RECOVERED/IMPOUNDED, STATE DISPOSITION                                                                                             |                        |                                                                                |                            |
| 42. PREVIOUS THEFT? IF YES, DATE AND LOCATION OF THEFT AND RECOVERY<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                                                          |  | 43. BROADCAST AUTHORIZED BY:                                                                                                              |                        |                                                                                |                            |
| 44. BROADCAST BY:                                                                                                                                                                        |  | 45. DATE AND TIME BROADCAST                                                                                                               |                        |                                                                                |                            |
| 46. INFORMATION TO<br>C.I.D. <input type="checkbox"/> D.P.S. <input type="checkbox"/> SHERIFF <input type="checkbox"/> RADIO <input type="checkbox"/>                                    |  | 47. HOLD FOR                                                                                                                              |                        | 48. REASON                                                                     |                            |
| 49. NARRATIVE: INCLUDE WITNESSES NAMES, ADDRESSES, TELEPHONE NUMBERS, DESCRIBE PERSONAL EFFECTS IN VEHICLE, SUSPECTS, EVIDENCE OF STRIPPING, HOW STOLEN (keys, hot-wire, tin foil, etc.) |  |                                                                                                                                           |                        |                                                                                |                            |
| 50. SIGNATURE OF PERSON REPORTING STOLEN                                                                                                                                                 |  |                                                                                                                                           |                        |                                                                                |                            |
| 51. REPORT MADE BY                                                                                                                                                                       |  | EMPLOYEE NO.                                                                                                                              |                        | 52. INDEXED BY                                                                 |                            |
| 53. APPROVED BY                                                                                                                                                                          |  | EMPLOYEE NO.                                                                                                                              |                        | 54. BULLETIN BY                                                                |                            |
| 55. ASSIGNED TO                                                                                                                                                                          |  | EMPLOYEE NO.                                                                                                                              |                        | 56. NCIC ENTRY BY                                                              |                            |
| 57. CLEARED BY (name)                                                                                                                                                                    |  | ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> INACTIVE <input type="checkbox"/> EXCEPTIONAL <input type="checkbox"/> |                        | 58. CLEARANCE APPROVED BY                                                      |                            |

Figure A-3. Vehicle Report



- (3) Give the exact address. If a resident of another city, include the city name. If visiting locally, give the local address also (use body of report for additional space).
- (4) Self-explanatory.
- (5) Self-explanatory. Include the area code and/or extension number, if applicable.
- (6) Indicate the subject of report by marking the appropriate boxes. If a theft was attempted but not completed, enter the word "Attempt" immediately after the Theft box.
- (7) Give the exact address. When no specific address can be connected with the location of occurrence, indicate as "Rear of 241 S Main St," "S/W corner of 5th and Broadway St," "Fargo St, 1-2/10 miles W of Bridge 102," etc.
- (8) Enter the number of the Reporting District of occurrence.
- (9) Enter the date and time according to agency policy (e.g., 14 Dec 78 or 12/14/78; 5:30PM or 1730 hours).
- (10) Self-explanatory.
- (11) Describe as rainy, snowing, sunny, etc.
- (12) Same as Item 9. Refers to the date and time offense was formally reported to the agency.
- (13) Indicate the type of location from which the vehicle was removed (e.g., driveway, parking lot, city street).
- (14) Make is the specific name of the manufacturer (e.g., Ford, Chevrolet). Model is the name of the vehicle (e.g., Pinto,



Vega, Monte Carlo). Report the body style as "4-dr sedan," "2-dr conv," "1/2-ton pickup truck," etc. If the vehicle top is a different color or is vinyl, describe by listing top color first, then bottom color (e.g., "blk/red," "wht vinyl/grn").

- (15) Indicate the manufacturer's vehicle identification number, *not* the motor number.
- (16) Self-explanatory.
- (17) Self-explanatory.
- (18) Indicate accessories by marking the appropriate boxes.
- (19) Indicate cylinders by marking the appropriate box.
- (20) Indicate standard or automatic by marking the appropriate box.
- (21) Indicate power equipment by marking appropriate boxes.
- (22) Estimate the actual current value.
- (23) Self-explanatory.
- (24) Self-explanatory.
- (25) Self-explanatory.
- (26) Self-explanatory.
- (27) Self-explanatory.
- (28) Same as Item 2.
- (29) Give the exact address. If a resident of another city, include the city name.
- (30) Self-explanatory.



- (31) If the vehicle was not paid for, indicate the date the last periodic payment made.
- (32) Enter the last name first (in capitals), first name, and middle initial (if a common name, enter the full middle name).
- (33) Same as Item 3.
- (34) Self-explanatory.
- (35) Same as Item 5.
- (36) Include the full company name.
- (37) Give the exact address. If a resident of another city, include the city name.
- (38) Self-explanatory.
- (39) Give the exact address and describe location (e.g., home, restaurant, theater).
- (40) Mark the box indicating the officer's opinion, based on observation and witnesses' statements.
- (41) State the specific location (e.g., "Albert's Tow Service," "Police Impound Lot," "released to owner," etc.
- (42) Self-explanatory.
- (43) Supervisor's name authorizing the formal broadcast.
- (44) Enter the name of the agency member who made the formal broadcast.
- (45) Same as Item 9 in reference to the time the information was broadcast.



- (46) Indicate the other agencies notified.
- (47) Indicate the name of the officer (or agency unit) who will have the authority to release the vehicle if the vehicle is to be held for investigation.
- (48) Describe the reason for the hold (narcotics, hit and run, etc.)
- (49) Self-explanatory.
- (50) Self-explanatory.
- (51) Reporting officer's name and number.
- (52 - 58) For office and/or investigator's use.

#### 5.4 Supplementary Report

The Supplementary Report (see Figure A-4) is used for the following purposes:

- As a continuation for any other report when additional space is needed.
- To furnish additional information to a previously reported incident.
- To record progress of a continuing investigation.
- To close an investigation.

Complete the entry for each Item as follows:

- (1) Enter the number assigned to the original report to which this Supplementary Report relates.
- (2) Mark the appropriate box.
- (3) Describe the original report (e.g., Offense, Arrest).



| SUPPLEMENTARY REPORT                                                                                                           |  |                                                                                                           |                                                          |                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1. INCIDENT NO.                                                                                                                |  |                                                                                                           |                                                          |                                                                                                                          |
| 2. CONTINUATION <input type="checkbox"/><br>SUPPLEMENTARY <input type="checkbox"/>                                             |  | 3. TYPE OF REPORT (ORIGINAL)                                                                              | 4. VICTIM OR PRINCIPAL PERSON INVOLVED (ORIGINAL REPORT) | 5. DATE (ORIGINAL INCIDENT)                                                                                              |
| 6. DATE AND TIME REPORTED                                                                                                      |  | 3a. TYPE OF REPORT (RECLASSIFIED)                                                                         | 4a. VICTIM OR PRINCIPAL PERSON INVOLVED (RECLASSIFIED)   | 5a. DATE ORIGINAL INCIDENT (RECLASSIFIED)                                                                                |
| 7. CONTACTED COMPLAINANT, NO ADDITIONAL INFORMATION <input type="checkbox"/><br>DATE AND TIME _____                            |  | 8. CONTACTED WITNESS(S) LISTED, NO ADDITIONAL INFORMATION <input type="checkbox"/><br>DATE AND TIME _____ |                                                          | 9. UNABLE TO CONTACT COMPLAINANT <input type="checkbox"/><br>UNABLE TO CONTACT LISTED WITNESSES <input type="checkbox"/> |
|                                                                                                                                |  |                                                                                                           |                                                          |                                                                                                                          |
| 10. REPORT MADE BY                                                                                                             |  | EMPLOYEE NO.                                                                                              | 11. INDEXED BY                                           |                                                                                                                          |
|                                                                                                                                |  |                                                                                                           | DATE                                                     |                                                                                                                          |
| 12. APPROVED BY                                                                                                                |  | EMPLOYEE NO.                                                                                              | 13. BULLETIN BY                                          |                                                                                                                          |
|                                                                                                                                |  |                                                                                                           | DATE                                                     |                                                                                                                          |
| 14. STATUS AS OF THIS DATE<br>OPEN <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CLOSED <input type="checkbox"/> |  |                                                                                                           | 15. NCIC ENTRY BY                                        |                                                                                                                          |
|                                                                                                                                |  |                                                                                                           | DATE                                                     |                                                                                                                          |

Figure A-4. Supplementary Report



- (3a) Enter the title of the reclassified original report,  
if applicable.
- (4) Enter the name of the victim or principal person  
involved from the original report.
- (4a) Enter the name of the victim or principal person  
involved as reclassified, if applicable.
- (5) Enter the date of the original report.
- (5a) Enter the reclassified date for the original report,  
if applicable.
- (6) Enter the date and time the Supplementary Report was  
completed, according to agency policy (e.g., 14 Dec 78  
or 12-14-78; 5:30PM or 1730 hours).
- (7) Self-explanatory.
- (8) Self-explanatory. List witnesses' last names first  
(in capitals), first names, and middle initials (if  
a common name, enter the full middle name).
- (9) Self-explanatory.
- (10) Name and identifying number of the reporting officer.
- (11 - 15) For office and/or investigator's use.

#### 5.5 Property Report

The Property Report (see Figure A-5) is used to record receipts  
into custody of property of the following types into agency custody:

- Evidence property.
- Found property.
- Property for safekeeping.







Complete the entry for each Item as follows:

- (1) Enter the number assigned to this report.
- (2) Mark appropriate box. "Safekeeping" is marked only when the owner or custodian is known and the property is not of an evidential nature.
- (3) Give a general description of the property (e.g., tools, clothing, narcotics).
- (4) Evidence is booked to the arrestee, victim, or officer finding, in that order. Found property is booked to the actual finder. Safekeeping property is booked to the owner or custodian of the property. Enter the last name first (in capitals), first name, and middle initial (if a common name, enter the full middle name).
- (5) Give the exact address of the person to whom the property is booked. If a resident of another city, include the city name. If visiting locally, give the local address also (use the body of the report for additional space).
- (6) Self-explanatory.
- (7) Self-explanatory. Include the area code and/or extension number, if applicable.
- (8) Give the exact address. When no specific address exists, indicate as "Rear of 241 S Main St," "S/W corner of 5th and Broadway St," "Fargo St, 1-2/10 miles W of Bridge 102," etc.



- (9) Enter the date and time according to agency policy  
(e.g., 14 Dec 78 or 12/14/78; 5:30 PM or 1730 hours).
- (10) Same as Item 9, except that it refers to the date and  
time the property is placed in the agency property  
room.
- (11) List all other reports related to this incident  
(Vehicle, Arrest, Traffic Accident, etc.), together  
with the identifying numbers, if different from the  
Incident Number assigned to this report.
- (12) Number entries in sequence.
- (13) Indicate quantity (e.g., 6 dozen, 1-1/2 lbs).
- (14) Self-explanatory.
- (15) Name and identifying number of the officer completing  
report.
- (16 - 20) For office and/or investigator's use.

#### 5.6 Arrest Report

The Arrest Report (see Figure A-6) is used to record identifying information and details of the arrest of all persons taken into custody. This report serves as a permanent agency record of the officer's legal cause for arrest, his actions, the arrestee's actions and statements, and any other details of the arrest. It should be so complete that, in most cases, a judge can make a determination of guilt or innocence without further information.



| ARREST REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                            |  |         |                                                                          |     |  |        |  |                                                                       |  |       |  |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--|---------|--------------------------------------------------------------------------|-----|--|--------|--|-----------------------------------------------------------------------|--|-------|--|------------|--|
| 1. BOOKING NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                            |  |         | 2. MISD. FEL. OTHER                                                      |     |  |        |  |                                                                       |  |       |  |            |  |
| 3. SUBJECT'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                            |  |         | 4. RES. ADDRESS                                                          |     |  |        |  | 5. RES. PHONE                                                         |  |       |  |            |  |
| 6. BUS. PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                            |  |         | 7. CHARGE (Section No., Code and Definition)                             |     |  |        |  | 8. LOCATION ARRESTED                                                  |  |       |  |            |  |
| 9. R.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                            |  |         | 10. CONNECTED REPORTS AND NUMBERS                                        |     |  |        |  |                                                                       |  |       |  |            |  |
| 11. DATE TIME ARRESTED                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                            |  |         | 12. DATE TIME BOOKED                                                     |     |  |        |  | 13. OCCUPATION                                                        |  |       |  |            |  |
| 14. BUSINESS ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |  |         | 15. RESISTED<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |     |  |        |  | 16. ARMED<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |       |  |            |  |
| 17. DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | SEX                        |  | DESCENT |                                                                          | AGE |  | HEIGHT |  | WEIGHT                                                                |  | BUILD |  | COMPLEXION |  |
| 18. DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | BEARD, MUSTACHE, SIDEBURNS |  |         |                                                                          |     |  |        |  |                                                                       |  |       |  |            |  |
| 19. SCARS, MARKS, DEFORMITIES                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                            |  |         | 20. GLASSES (Describe)                                                   |     |  |        |  | 21. CLOTHING WORN                                                     |  |       |  |            |  |
| 22. SPEECH CHARACTERISTICS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                            |  |         | 23. ALIAS                                                                |     |  |        |  | 24. SOCIAL SECURITY NO.                                               |  |       |  |            |  |
| 25. DRIVER'S LIC. NO., STATE                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |  |         | 26. COMPLAINTS OR EVIDENCE OF ILLNESS OR INJURY BY WHOM TREATED          |     |  |        |  | 27. BIRTHPLACE                                                        |  |       |  |            |  |
| 28. EVIDENCE BOOKED<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                         |  |                            |  |         | 29. LOCATION CRIME COMMITTED                                             |     |  |        |  | 30. R.D.                                                              |  |       |  |            |  |
| 31. DISPOSITION OF ARRESTEE'S VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                            |  |         | 32. HOLD FOR                                                             |     |  |        |  |                                                                       |  |       |  |            |  |
| 33. VEHICLE USED IN CRIME                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                            |  |         | BODY STYLE                                                               |     |  |        |  | YR.                                                                   |  |       |  |            |  |
| COLORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                            |  |         | YR. STATE LIC.                                                           |     |  |        |  | OTHER IDENTIFYING MARKS                                               |  |       |  |            |  |
| MAKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |  |         | MODEL                                                                    |     |  |        |  |                                                                       |  |       |  |            |  |
| 34. DRIVING VEHICLE (Direction and Street Name)                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                            |  |         | 35. AT OR BETWEEN STREETS                                                |     |  |        |  |                                                                       |  |       |  |            |  |
| 36. CODE: V - VICTIM (Firm name if business) W - WITNESS P OR G - PARENT OR GUARDIAN (Juvenile Only)                                                                                                                                                                                                                                                                                                                                                                    |  |                            |  |         |                                                                          |     |  |        |  |                                                                       |  |       |  |            |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |  |         | CODE                                                                     |     |  |        |  | RES. ADDRESS                                                          |  |       |  |            |  |
| RES. PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                            |  |         | BUS. PHONE                                                               |     |  |        |  |                                                                       |  |       |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                            |  |         |                                                                          |     |  |        |  |                                                                       |  |       |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                            |  |         |                                                                          |     |  |        |  |                                                                       |  |       |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                            |  |         |                                                                          |     |  |        |  |                                                                       |  |       |  |            |  |
| 37. VICTIM'S OCCUPATION, DESCENT, AGE                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                            |  |         | 38. TYPE OF PREMISES                                                     |     |  |        |  | 39. TOTAL VALUE                                                       |  |       |  |            |  |
| 40. TYPE OF OFFENSE (Till-tap, Shoplift, Theft from Vehicle, Battery, etc.)                                                                                                                                                                                                                                                                                                                                                                                             |  |                            |  |         | 41. TYPE OF PROPERTY TAKEN                                               |     |  |        |  |                                                                       |  |       |  |            |  |
| 42. PARENTS NOTIFIED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                            |  |         | 43. TIME                                                                 |     |  |        |  | 44. PLACE DETAINED                                                    |  |       |  |            |  |
| 45. DATE, TIME, LOCATION COURT                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                            |  |         | 46. BKG. APP. BY                                                         |     |  |        |  | 47. DET. APP. BY                                                      |  |       |  |            |  |
| 48. ADMONITION: The subject was advised that he had the right to remain silent, and that if he gave up the right to remain silent, anything he said can and will be used against him in a court of law and that he had the right to speak with an attorney and to have the attorney present during questioning, and that if he so desired and could not afford one, an attorney would be appointed for him without charge before questioning. ADMONITION GIVEN BY _____ |  |                            |  |         |                                                                          |     |  |        |  |                                                                       |  |       |  |            |  |
| 49. DETAILS: Background info on arrest, complaint, radio call, etc., narrative story of circumstances and pertinent statements. If intoxication involved, describe appearance, actions and officer's opinion as to degree of intoxication. If physical evidence found, where found, who by and disposition. Describe evidence of narcotic addiction. ARRESTEE'S STATEMENT: _____                                                                                        |  |                            |  |         |                                                                          |     |  |        |  |                                                                       |  |       |  |            |  |
| If additional space is needed, use supplemental report.                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                            |  |         |                                                                          |     |  |        |  |                                                                       |  |       |  |            |  |
| 50. ARRESTING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                            |  |         | EMPLOYEE NO.                                                             |     |  |        |  | 51. DATE AND TIME REPORTED                                            |  |       |  |            |  |
| 52. VACATION DATES                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                            |  |         | 53. TRANSPORTING OFFICER                                                 |     |  |        |  | EMPLOYEE NO.                                                          |  |       |  |            |  |
| 54. BOOKING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                            |  |         | EMP. NO.                                                                 |     |  |        |  | 55. INDEXED BY                                                        |  |       |  |            |  |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |  |         | 56. APPROVED BY                                                          |     |  |        |  | EMPLOYEE NO.                                                          |  |       |  |            |  |
| 57. BULLETIN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                            |  |         | DATE                                                                     |     |  |        |  | 58. NCIC ENTRY BY                                                     |  |       |  |            |  |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |  |         | 59. NCIC ENTRY BY                                                        |     |  |        |  | DATE                                                                  |  |       |  |            |  |

Figure A-6. Arrest Report



Complete the entry for each Item as follows:

- (1) Enter the booking number assigned to the arrestee for that particular arrest.
- (2) Mark the appropriate box.
- (3) Last name first (in capitals), first name, and *full* middle name.
- (4) Give the exact address. If a resident of another city, include the city name. If visiting locally, give the local address in the body of the report.
- (5) Self-explanatory.
- (6) Self-explanatory. Include the area code and/or extension number, if applicable.
- (7) Self-explanatory.
- (8) Give the exact address. When no specific address exists, indicate as, "Rear of 241 S Main St," S/W corner of 5th and Broadway Sts," "Fargo St, 1-2/10 miles W of Bridge 102," etc.
- (9) Enter the number of the Reporting District where the arrest took place.
- (10) List all other reports related to this arrest (Vehicle, Arrest, Property, etc.) and identifying numbers.
- (11) Enter the date and time according to agency policy (e.g., 14 Dec 78 or 12-14-78; 5:30PM or 1730 hours).
- (12) Same as Item 11, refers to the date and time placed in jail.



- (13) Give an exact description (e.g., carpenter, laborer, auto mechanic). If the arrestee is retired, also indicate (e.g., retired carpenter).
- (14) Self-explanatory.
- (15) Mark the appropriate box.
- (16) Mark the appropriate box.
- (17) Describe Descent as W (White), B (Black), MEX (Mexican), O (Oriental), PR (Puerto Rican), IND (American Indian), or OTH (Other).
- (18) Self-explanatory.
- (19) Self-explanatory. Include tatoos.
- (20) Indicate whether rimless, tinted, silver frames, etc.
- (21) Self-explanatory.
- (22) Indicate as stutters, southern accent, lisps, etc.
- (23) List known aliases and nicknames.
- (24) Self-explanatory.
- (25) Self-explanatory.
- (26) Describe any complaints or evidence of illness or injury, and identify who treated the arrestee.
- (27) List the city and state.
- (28) Mark the appropriate box.
- (29) Give the exact location. When no specific address can be connected with the location of occurrence, indicate as "Rear of 241 S Main St," "S/W corner of 5th and Broadway Sts," "Fargo St, 1-2/10 miles W of Bridge 102," etc.



- (30) Enter the number of the Reporting District of occurrence of the offense.
- (31) State the specific location (e.g., "Albert's Tow Service," "Police Impound lot," "Released to wife," etc.).
- (32) Describe the reason for the hold (narcotics, hit and run, etc.).
- (33) Make is the specific name of the manufacturer (e.g., Ford, Chevrolet). Model is the name of the vehicle (e.g., Pinto, Vega, Monte Carlo). Report the body style as "4-dr sedan," "2-dr conv," "1/2-ton pickup trk," etc. If the vehicle top is a different color or is vinyl, describe by listing the top color first, then the bottom color (e.g., "blk/red," "wht vinyl/grn," etc.).
- (34) Describe as "S on Main St," "W on 14th Ave," etc.
- (35) Describe as "at Carson St," "at Burlington Ave," or "Between Towne and Crocker Sts," etc., as applicable.
- (36) Enter the last name first (in capitals), first name, and middle initial (if a common name, enter the full middle name). In the Code box, indicate V for victim, W for witness, P or G for parent or guardian, if the arrestee is a juvenile.

Note

Items 37 through 41 can be obtained from the related Offense Report, if unknown to the arresting officer.



- (37) If an individual, give the exact occupation (e.g., carpenter, jewelry salesman). If a business firm, give the position held by the person who reported the offense (e.g., nightwatchman, owner). Describe Descent as W (White), B (Black), MEX (Mexican), O (Oriental), PR (Puerto Rican), IND (American Indian), or OTH (Other).
- (38) Describe specifically (e.g., residence garage, hotel room, two-story residence, market, liquor store).
- (39) Use the same value as reported on the related Offense Report.
- (40) Use the same words as reported on the related Offense Report (e.g., Theft [Till-Tap], Burglary, Theft [Pick-pocket], Robbery, Aggravated Assault).
- (41) List the two or three items stolen that constituted the greatest loss to the victim, and/or summarize type of property (e.g., stereo equipment, guns and coin collection).
- (42) Name of the officer notifying the parent(s) of the detained juvenile.
- (43) Time the parent(s) were notified.
- (44) Location that the juvenile is detained.
- (45) If known, enter the date and time scheduled for the court hearing, and enter the court location (e.g.,



"Div 4, County Court House," "Dept 7, Court Annex  
Bldg").

- (46) Supervisor or juvenile officer approving the booking  
of the juvenile.
- (47) Supervisor or juvenile officer approving the detention  
of the juvenile.
- (48) Enter the name and identifying number of the officer  
informing the arrestee of his rights.
- (49) Self-explanatory.
- (50) Self-explanatory.
- (51) Self-explanatory.
- (52) If known, enter the inclusive vacation dates of the  
arresting officer so as to **avoid**, if possible, court  
appearance during the vacation period.
- (53) Name and identifying number of the officer (other than  
arresting officer) who actually transported the arrestee  
to jail.
- (54) Name and identifying number of the officer (other than  
arresting officer) who actually processed the arrestee  
into jail.
- (55 - 59) For office and/or investigator's use.

#### 5.7 Field Interview Report

The Field Interview Report (see Figure A-7) is used to report and identify,  
for possible future investigative purposes, suspicious persons encountered during the



### FIELD INTERVIEW REPORT

|                                                                        |         |       |                         |              |                |               |  |
|------------------------------------------------------------------------|---------|-------|-------------------------|--------------|----------------|---------------|--|
| 1. LOCATION:                                                           |         |       |                         | 2. DATE      |                | 3. TIME       |  |
| 4. NAME: (LAST NAME FIRST)                                             |         |       |                         | 5. NICKNAME  |                | 6. R.D.       |  |
| 7. ADDRESS:                                                            |         |       |                         |              |                | 8. PHONE      |  |
| 9. SEX                                                                 | DESCENT | AGE   | HEIGHT                  | WEIGHT       | BUILD          | COMPLEXION    |  |
| 10. DOB / POB                                                          |         |       | HAIR                    | EYES         | MARKS OR SCARS |               |  |
| 11. SOCIAL SECURITY NO.<br>/ /                                         |         |       | 12. DRIVERS LICENSE NO. |              | STATE          | TYPE          |  |
| 13. CLOTHING WORN                                                      |         |       |                         | 14. DRIV.(X) | PASS.(X)       | PED.(X)       |  |
| 15. MAKE OF CAR                                                        |         | MODEL | BODY STYLE              | YR.          | COLORS         | YR.STATE-LIC. |  |
| OTHER IDENTIFYING MARKS (VEHICLE)                                      |         |       |                         |              |                |               |  |
| OCCUPATION AND EMPLOYER (NAME & ADDRESS) OR SCHOOL ATTENDING AND GRADE |         |       |                         |              |                |               |  |

|                              |  |
|------------------------------|--|
| 17. ASSOCIATES WITH SUBJECT  |  |
|                              |  |
| 18. REASON FOR INTERROGATION |  |
|                              |  |
| 19. DISPOSITION              |  |
|                              |  |
| 20. OFFICER(S) REPORTING     |  |
|                              |  |
| 21. ARRESTED (CHARGE)        |  |
|                              |  |

Figure A-7. Field Interview Report



normal performance of field duties against whom no specific charge is apparent at the time of encounter. It is also used to establish a record that a person was warned regarding specified prohibited conduct. At times, it can be completed even if the person is arrested.

Complete the entry for each Item as follows:

- (1) Give the exact address. When no specific address exists, indicate as "Rear of 241 S Main St," "S/W corner of 5th and Broadway Sts," "Fargo St, 1-2/10 miles W of Bridge 102," etc. If a resident of another city, include the city name.
- (2) Enter the date in accordance with agency policy (e.g., 14 Dec 78 or 12-14-78).
- (3) Enter the time in accordance with agency policy (e.g., 5:30PM or 1730 hours).
- (4) Enter the last name first (in capitals), first name, and middle initial (if a common name, give the full middle name).
- (5) Enter aliases and nicknames.
- (6) Enter the number of the Reporting District where the interview took place.
- (7) Same as Item 1, referring to the home address of the person interviewed.
- (8) Self-explanatory.
- (9) Self-explanatory. Give Descent as W (White), B (Black),



MEX (Mexican), O (Oriental), PR (Puerto Rican), IND  
(American Indian), or OTH (Other).

- (10) Date of birth and place of birth.
- (11) Self-explanatory.
- (12) Self-explanatory.
- (13) Self-explanatory.
- (14) Mark the appropriate box.
- (15) Make is the specific name of the manufacturer (e.g., Ford, Chevrolet). Model is the name of the vehicle (e.g., Pinto, Vega, Monte Carlo). Report the body style as "4-dr sedan," "2-dr conv," "1/2-ton pickup trk," etc. If the vehicle top is a different color or is vinyl, describe by listing the top color first, then the bottom color (e.g., "blk/red," "wht vinyl/grn," etc.
- (16) Give the exact occupation (e.g., carpenter, laborer, auto mechanic). If retired, describe as "retired carpenter," etc. Include the exact name and address of the employer or the name of school, as applicable.
- (17) List the last name first (in capitals), first name, and middle initial (if a common name, list the full middle name) for all persons in the company of the person interviewed.
- (18) Describe the specific circumstances (e.g., "loitering near alley entrance with screwdriver in rear pocket," *not* "suspicion burglary").



- (19) Describe whether questioned and released, warned, Citation issued (include the number), etc.
- (20) Name and identifying number of the officer conducting the interview.
- (21) State the charge, if arrested.

#### 5.8 Officer's Daily Report

The Officer's Daily Report (see Figures A-8 and A-9), completed daily by field officers, facilitates an evaluation of the officer's work by his supervisor. Of equal importance is the fact that the report also serves as a device for the forwarding of workload information to those involved in decisions related to deployment, manpower utilization, and budget requests. The report further serves as a permanent record of minor calls and associated activities that would have to be reported on detailed report forms, were it not for the Officer's Daily Report. The report also provides a measure of personal protection to the reporting officer against accusations of improperly performing his duties in the field, by helping to substantiate the officer's location and activities at specified times.

Complete the entry for each Item as follows:

- (1) Last name first (in capitals), first name, and middle initial.
- (2) Enter the badge or identification number.
- (3) Radio car district or foot beat number of assignment, or other specialized assignment.



## OFFICER'S DAILY REPORT

|                                   |  |                             |  |                                 |  |                                 |  |                                    |  |                           |  |                          |  |                                          |  |                                 |  |
|-----------------------------------|--|-----------------------------|--|---------------------------------|--|---------------------------------|--|------------------------------------|--|---------------------------|--|--------------------------|--|------------------------------------------|--|---------------------------------|--|
| 1. OFFICER'S NAME                 |  | 2. BADGE NO.                |  | 3. ASSIGNMENT                   |  | 4. WATCH                        |  | 5. ON DUTY                         |  | 6. OFF DUTY               |  | 7. TOTAL HRS WORKED      |  | 8. OVERTIME                              |  | 9. DATE                         |  |
| 1A. OFFICER'S NAME                |  | 2A. BADGE NO.               |  | 3A. ASSIGNMENT                  |  | 4A. WATCH                       |  | 5A. ON DUTY                        |  | 6A. OFF DUTY              |  | 7A. TOTAL HRS WORKED     |  | 8A. OVERTIME                             |  | 10. DAY OF WEEK                 |  |
| 11. VEHICLE NO.                   |  | 12. MILEAGE * START         |  | 13. MILEAGE FINISH              |  | 14. TOTAL MILES                 |  | 15. GASOLINE * NO. GALL.           |  | 16. COST                  |  | 17. OIL * NO. QTS.       |  | 18. COST                                 |  | 19. TOTAL COST                  |  |
| 20. ACTIVITY RECAPITULATION       |  |                             |  |                                 |  |                                 |  |                                    |  |                           |  |                          |  |                                          |  |                                 |  |
| SPEC. ACT.                        |  |                             |  |                                 |  |                                 |  |                                    |  |                           |  |                          |  |                                          |  |                                 |  |
| 21. TIME RECAPITULATION (MINUTES) |  |                             |  |                                 |  |                                 |  |                                    |  |                           |  |                          |  |                                          |  |                                 |  |
| 22. TIME STARTED                  |  | 23. TIME ENDED              |  | 24. TOTAL TIME                  |  | 25. SOURCE R.D.                 |  | 26. LOCATION OF ACTIVITY           |  | 27. TYPE OF ACTIVITY      |  | 28. DISPOSITION          |  | 29. ARREST, CITATION AND OR INCIDENT NO. |  |                                 |  |
| FELONY TRAFFIC ARRESTS            |  | MISDEMEANOR TRAFFIC ARRESTS |  | FELONY ARRESTS OTHER            |  | MISDEMEANOR ARRESTS OTHER       |  | DRUNK ARRESTS                      |  | TOTAL-MOVING CITATIONS    |  | RADAR CITATIONS          |  | NON-MOVING CITATIONS                     |  | PARKING CITATIONS               |  |
| WARNING CITATIONS                 |  | FIELD INTERROGATIONS AUTO   |  | FIELD INTERROGATIONS PEDESTRIAN |  | TRAFFIC ACCIDENT INVESTIGATIONS |  | TRAFFIC ACCIDENT REPORTS COMPLETED |  | OFFENSE REPORTS COMPLETED |  | ARREST REPORTS COMPLETED |  | OTHER REPORTS COMPLETED                  |  | RADIO CALLS                     |  |
| CITIZEN CALLS                     |  | STATION CALLS               |  | OBSERVATION CALLS               |  | TRAFFIC ARRESTS                 |  | OTHER ARRESTS                      |  | DRUNK ARRESTS             |  | CITATIONS                |  | FIELD INTERROGATIONS                     |  | TRAFFIC ACCIDENT INVESTIGATIONS |  |
| TRAFFIC ACCIDENT REPORTS          |  | OFFENSE INVESTIGATIONS      |  | OFFENSE REPORTS                 |  | ARREST REPORTS                  |  | ESCORTS & FUNERALS                 |  | ROUTINE PATROL            |  |                          |  |                                          |  |                                 |  |
| 28. OFFICER'S SIGNATURE           |  |                             |  |                                 |  |                                 |  |                                    |  |                           |  |                          |  |                                          |  |                                 |  |
| 29. SUPERVISOR APPROVING          |  |                             |  |                                 |  |                                 |  |                                    |  |                           |  |                          |  |                                          |  |                                 |  |

Figure A-8. Officer's Daily Report







**CONTINUED**

**2 OF 3**



Figure A-9. Officer's Daily Report -- Expanded Time Recapitulation

[illegible]



- (4) Shift or tour of duty (e.g., Days, Early Night, Graveyard).
- (5) Enter the time of reporting for rollcall or duty assignment.
- (6) Enter the time of completing the tour of duty.  
Designate AM or PM if the 24-hour clock is not used.
- (7) Self-explanatory.
- (8) Enter the total number of *minutes* worked beyond the regular tour of duty.
- (9) Enter the date in accordance with agency policy (e.g., 9 Dec 78 or Dec. 9, 1978).
- (10) Self-explanatory.
- (11) Jurisdiction or agency number assigned to the vehicle used.
- (12) Self-explanatory.
- (13) Self-explanatory.
- (14) Self-explanatory.
- (15) Self-explanatory.
- (16) Self-explanatory (for the use of agencies purchasing gasoline at commercial stations).
- (17) Self-explanatory.
- (18) Self-explanatory (for the use of agencies purchasing oil at commercial stations).



- (19) Self-explanatory (for the use of agencies purchasing gasoline and oil at commercial stations).
- (20) At the end of the tour of duty, activities should be totaled and tallied by the categories listed.
- (21) At the end of the tour of duty, the number of minutes spent on the specified activities should be totaled and tallied by the categories listed.
- (22) Time the call was received, assignment given, or activity observed (do not enter AM or PM).
- (23) Source refers to the source of the activity. Enter as R (radio call), S (station or supervisor), C (citizen), or O (observation). (RD refers to the Reporting District of the activity.)
- (24) Enter the exact address given (clarify incorrect or vague locations under Disposition). If there is no specific address, show as "Rear of 132 S Hill St," "S/W corner of 5th and Broadway Sts," etc.
- (25) Describe the type of activity as "See the woman - keep the peace," "ringing alarm," "Traffic Citation," etc.
- (26) Briefly describe the results (e.g., "civil matter - advised own attorney," "warned," "Offense Report, Burglary)," "gone on arrival," etc.).
- (27) Enter any Arrest, Citation, or Incident Numbers generated by the activity.



(28) Signature of the officer reporting.

(29) Signature of the supervisor approving.

The Officer's Daily Report shown in Figure A-9 is substantially the same as that shown in Figure A-8, the difference being that the first eight columns (Item 20) in the body of the report in Figure A-9 allow the reporting officer to identify the time intervals for specified types of activities for each assignment. This simplifies the completion of the Time Recapitulation (Minutes) section of the report.

#### 5.9 Investigative Activity Report

The Investigative Activity Report (see Figure A-10) is prepared by investigative personnel as a report of activities for a prescribed period of time. Complete the entry for each Item as follows:

- Investigator's Name -- Enter the last name first (in capitals), first name, and middle initial.
- Rank -- Self-explanatory.
- Organizational Element -- Enter the assigned organizational element.
- Report For -- Enter the time period covered by report.
- Number Days Worked, Annual Leave Taken (Hours), Sick Leave Taken (Hours) -- Self-explanatory.
- Overtime Earned, Assignment -- Enter the number of hours, and identify the type of activity and related case.



# INVESTIGATIVE ACTIVITY REPORT

|                                                         |                                 |                            |    |                                  |            |                            |                        |                                    |                          |                                 |        |  |
|---------------------------------------------------------|---------------------------------|----------------------------|----|----------------------------------|------------|----------------------------|------------------------|------------------------------------|--------------------------|---------------------------------|--------|--|
| Investigator's Name:                                    |                                 |                            |    |                                  | Rank       |                            | Organizational Element |                                    |                          | Report for: (Enter Time Period) |        |  |
| Number Days Worked                                      |                                 | Annual Leave Taken (Hours) |    | Sick Leave Taken (Hours)         |            | Court Attendance           | On Duty                | Off Duty                           | Warrants                 | Search                          | Arrest |  |
| Overtime Earned                                         |                                 | Assignment:                |    |                                  |            | Number of Times            |                        |                                    | Applied For              |                                 |        |  |
| Holidays Worked                                         |                                 | Holiday:                   |    |                                  |            | Total Hrs.                 |                        |                                    | Executed                 |                                 |        |  |
| FELONY ASSIGNMENTS                                      |                                 |                            |    | MISDEMEANOR ASSIGNMENTS          |            |                            |                        | MISC. INVESTIGATIONS OR COMPLAINTS |                          |                                 |        |  |
| No. Received                                            | No. Closed                      | No. Prior Closed:          |    | No. Received                     | No. Closed | No. Prior Closed:          |                        | No. Received                       | Hours:                   |                                 |        |  |
| TYPE OF ASSIGNMENTS                                     |                                 |                            |    |                                  |            |                            |                        |                                    |                          |                                 |        |  |
| Number Assignments Received                             |                                 |                            |    |                                  |            |                            |                        |                                    |                          |                                 |        |  |
| Personal Arrests                                        |                                 |                            |    |                                  |            |                            |                        |                                    |                          |                                 |        |  |
| Arrests for You by Others                               |                                 |                            |    |                                  |            |                            |                        |                                    |                          |                                 |        |  |
| Arrests by You for Others                               |                                 |                            |    |                                  |            |                            |                        |                                    |                          |                                 |        |  |
| Property Involved                                       | Amount Reported on Assignments: |                            | \$ | Amount Recovered on Assignments: | \$         | Total Hours Report Writing |                        |                                    | Supervisor Approving     |                                 |        |  |
| LIST ALL ASSIGNMENTS (INCLUDE PRIOR ASSIGNMENTS CLOSED) |                                 |                            |    |                                  |            |                            |                        |                                    |                          |                                 |        |  |
| Incident Number                                         | Date Assigned                   | Name of Victim             |    |                                  | Offense    | How Closed                 | Hours Involved         | Number Arrested                    | Value Property Recovered |                                 |        |  |
|                                                         |                                 |                            |    |                                  |            |                            |                        |                                    |                          |                                 |        |  |
|                                                         |                                 |                            |    |                                  |            |                            |                        |                                    |                          |                                 |        |  |
|                                                         |                                 |                            |    |                                  |            |                            |                        |                                    |                          |                                 |        |  |
|                                                         |                                 |                            |    |                                  |            |                            |                        |                                    |                          |                                 |        |  |
|                                                         |                                 |                            |    |                                  |            |                            |                        |                                    |                          |                                 |        |  |
|                                                         |                                 |                            |    |                                  |            |                            |                        |                                    |                          |                                 |        |  |
|                                                         |                                 |                            |    |                                  |            |                            |                        |                                    |                          |                                 |        |  |
|                                                         |                                 |                            |    |                                  |            |                            |                        |                                    |                          |                                 |        |  |

Figure A-10. Investigative Activity Report



- Holidays Worked, Holiday -- Enter the number of holidays worked, and identify the particular holidays.
- Court Attendance -- Enter in the appropriate boxes the number of court appearances, on and off duty, and the number of hours devoted to court attendance, on and off duty.
- Warrants -- Enter in the appropriate boxes the number of warrants (search and arrest) applied for and the number of warrants (search and arrest) executed.
- Felony Assignments -- Enter in the appropriate boxes the number of assignments received during the reporting period, the number closed during the reporting period, and the number received during prior reporting periods that were closed during this reporting period.
- Misdemeanor Assignments -- Same as above with reference to misdemeanor assignments.
- Misc. Investigations & Complaints -- Enter the number of such cases and the hours expended for cases not classified as felony or misdemeanor.
- Type of Assignments -- In the blank spaces to the right of this title, space is provided for entering



different categories of assignments (e.g., felony, misdemeanor, noncriminal, robbery, assault, theft, burglary, weapons death, miscellaneous). Under each heading chosen, list on the appropriate line the number of assignments received, the arrests made personally, the arrests made by other officers for the reporting officer, and the arrests made by the reporting officer for other officers.

- Property Involved - Amount Reported on Assignments -- Enter the total value of all property listed as stolen on assignments.
- Amount Recovered on Assignments -- Enter the total value of all property recovered from assigned cases.
- Total Hours Report Writing -- Self-explanatory.
- Supervisor Approving -- Signature of approving supervisor.
- Lower Portion of Report -- In the appropriate spaces, list each assigned case by Incident Number, Date Assigned, Name of Witness, and Offense. Indicate how each assigned case was closed (cleared by arrest, cleared-exceptional, unfounded, inactive, or pending), the number of hours devoted to the case during the reporting period, the number of persons arrested in relation to the assigned case, and the value of



property recovered in relation to the assigned case. If a particular case is a carryover from a preceding reporting period, two entries will be required in the last three columns (e.g., the Hours Involved column for a particular case might show a listing of 47-10 (indicating 47 hours spent on that case in previous reporting periods plus 10 hours devoted to this case during the current reporting period). Make similar entries in the Number Arrested and Value Property Recovered columns, where appropriate.

#### 5.10 Supervisor's Daily Report

The Supervisor's Daily Report (see Figure A-11) is completed daily by field supervisors and is used to record a summary of the activities for the tour of duty, including personnel observations, training need recognized, recommendations regarding field situations, etc. Complete the entry for each Item as follows:

- Name -- Last name first (in capitals), first name, and middle initial.
- On-Duty -- Enter the time of reporting for the assigned tour of duty. Designate AM or PM, if the 24-hour clock is not used.
- Off-Duty -- Enter the time of completing the tour of duty. Designate AM or PM, if the 24-hour clock is not used.



| SUPERVISOR'S DAILY REPORT   |                  |                   |                       |             |       |            |      |            |
|-----------------------------|------------------|-------------------|-----------------------|-------------|-------|------------|------|------------|
| NAME                        | ON DUTY          | OFF DUTY          | TOTAL HOURS<br>WORKED | OVERTIME    | WATCH | ASSIGNMENT | DATE |            |
| VEHICLE NO                  | MILEAGE<br>START | MILEAGE<br>FINISH | TOTAL<br>MILES        | GAS NO. GAL | COST  | OIL NO QTS | COST | TOTAL COST |
|                             |                  |                   |                       |             |       |            |      |            |
| SIGNLD _____ APPROVED _____ |                  |                   |                       |             |       |            |      |            |

Figure A-11. Supervisor's Daily Report



- Total Hours Worked -- Self-explanatory.
- Overtime -- Enter the total number of *minutes* worked beyond the regular tour of duty.
- Watch -- Shift or tour of duty (e.g., Days, Early Night, Graveyard).
- Assignment -- District or beat number of assignment, or other specialized assignment.
- Date -- Enter the date in accordance with agency policy (e.g., 9 Dec 78 or Dec. 9, 1978).
- Vehicle No. -- Jurisdiction or agency number assigned to the vehicle used.
- Mileage - Start, Mileage - Finish -- Self-explanatory.
- Total Miles -- Self-explanatory.
- Gas - No. Gal. -- Self-explanatory.
- Cost -- Self-explanatory (for the use of agencies purchasing gasoline at commercial stations).
- Oil - No. Qts. -- Self-explanatory.
- Cost -- Self-explanatory (for the use of agencies purchasing gasoline at commercial stations).
- Total Cost -- Self-explanatory (for the use of agencies purchasing gasoline and oil at commercial stations).
- Body of the Report -- Include a summary of the activities of the tour of duty, personnel observations, field situations detected, together with



pertinent recommendations, training needs  
recognized, etc.

- Signed -- Signature of the supervisor  
reporting.
- Approved -- Signature of the commander  
approving.

#### 5.11 Worthless Document Report

The Worthless Document Report (see Figure A-12) is an optional form in lieu of an Offense Report used to report forgeries, alterations, counterfeiting, and other offenses involving all types of documents, including the issuing of checks against insufficient funds or non-existent accounts. Complete the entry for each Item as follows:

- (1) Enter the number assigned to the report.
- (2) Enter the last name first (in capitals), first name, and middle initial (if a common name, enter the full middle name). If a business firm, use the name under which the business is conducted.
- (3) Give the exact address. If a resident of another city, include the city name. If visiting locally, give the local address also (use body of report for additional space).
- (4) Self-explanatory.
- (5) Self-explanatory. Include the area code and/or



| WORTHLESS DOCUMENT REPORT                                                                                                                                                       |  |     |             |                                                                                                                        |        |                                                                                      |        |                                                                          |      |                                                                                                                                           |         |                                   |                                  |                |  |                |  |      |                         |                            |  |      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-------------|------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------|----------------------------------|----------------|--|----------------|--|------|-------------------------|----------------------------|--|------|--|
| 1. INCIDENT NO.                                                                                                                                                                 |  |     |             |                                                                                                                        |        |                                                                                      |        |                                                                          |      |                                                                                                                                           |         |                                   |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 2. VICTIM'S NAME (firm name if business)                                                                                                                                        |  |     |             | 3. ADDRESS                                                                                                             |        |                                                                                      |        | 4. RES. PHONE                                                            |      |                                                                                                                                           |         | 5. BUS. PHONE                     |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 6. OFFENSE                                                                                                                                                                      |  |     | 7. LOCATION |                                                                                                                        | NUMBER |                                                                                      | STREET |                                                                          | APT. |                                                                                                                                           | 8. R.D. |                                   | 9. CONNECTED REPORTS AND NUMBERS |                |  |                |  |      |                         |                            |  |      |  |
| 10. DATE AND TIME OCCURRED                                                                                                                                                      |  |     |             | 11. DAY OF WEEK                                                                                                        |        | 12. WAS DOCUMENT<br>POSTDATED <input type="checkbox"/> HOLD <input type="checkbox"/> |        |                                                                          |      | 13. AMOUNT OF LOSS                                                                                                                        |         | 14. DATE AND TIME REPORTED        |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 15. PERSON REPORTING CRIME TO POLICE                                                                                                                                            |  |     |             | 16. RESIDENCE ADDRESS                                                                                                  |        |                                                                                      |        | 17. RES. PHONE                                                           |      |                                                                                                                                           |         | 18. BUS. PHONE                    |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 19. PERSON ACCEPTING                                                                                                                                                            |  |     |             | AGE                                                                                                                    |        | DESCENT                                                                              |        | SEX                                                                      |      | 20. RESIDENCE ADDRESS                                                                                                                     |         |                                   |                                  | 21. RES. PHONE |  | 22. BUS. PHONE |  |      |                         |                            |  |      |  |
| 23. WITNESS NAME                                                                                                                                                                |  |     |             |                                                                                                                        |        |                                                                                      |        |                                                                          |      | 24. RESIDENCE ADDRESS                                                                                                                     |         |                                   |                                  | 25. RES. PHONE |  | 26. BUS. PHONE |  |      |                         |                            |  |      |  |
|                                                                                                                                                                                 |  |     |             |                                                                                                                        |        |                                                                                      |        |                                                                          |      |                                                                                                                                           |         |                                   |                                  |                |  |                |  |      |                         |                            |  |      |  |
|                                                                                                                                                                                 |  |     |             |                                                                                                                        |        |                                                                                      |        |                                                                          |      |                                                                                                                                           |         |                                   |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 27. VICTIM'S OCCUPATION                                                                                                                                                         |  |     |             | 28. CAN I.D. OFFENDER<br>YES <input type="checkbox"/> NO <input type="checkbox"/> TENTATIVELY <input type="checkbox"/> |        |                                                                                      |        | 29. TYPE PROPERTY OR SERVICE OBTAINED                                    |      |                                                                                                                                           |         |                                   |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 30. WRITING ON DOCUMENT DONE BY OTHER THAN PASSER                                                                                                                               |  |     |             | 31. PASSER ACCOMPANIED BY (describe)                                                                                   |        |                                                                                      |        | 32. TYPE OF DOCUMENT                                                     |      |                                                                                                                                           |         |                                   |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 33. I.D. USED (Dr. Lic., credit card no., etc.)                                                                                                                                 |  |     |             | 34. DATE ON DOCUMENT                                                                                                   |        |                                                                                      |        | 35. DOCUMENT I.D. NO.                                                    |      |                                                                                                                                           |         | 36. AMOUNT OF CHECK               |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 37. SUSPECT PREPARED CHECK IN VICTIM'S PRESENCE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> ENDORSED: YES <input type="checkbox"/> NO <input type="checkbox"/> |  |     |             | 38. METHOD OF PREPARATION (hand, typed, stamped, etc.)                                                                 |        |                                                                                      |        | 39. REASON NOT HONORED                                                   |      |                                                                                                                                           |         |                                   |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 40. TYPE PREMISES (bank, grocery, etc.)                                                                                                                                         |  |     |             | 41. NAME OF BANK ON CHECK                                                                                              |        |                                                                                      |        | ADDRESS                                                                  |      |                                                                                                                                           |         | 42. SIGNATURE ON FACE OF DOCUMENT |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 43. OTHER PRINTED NAMES ON DOCUMENT                                                                                                                                             |  |     |             | 44. DOCUMENT PAYABLE TO                                                                                                |        |                                                                                      |        | 45. NAMES ENDORSED ON BACK                                               |      |                                                                                                                                           |         |                                   |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 46. RECEIPT GIVEN FOR DOCUMENT<br>YES <input type="checkbox"/> NO <input type="checkbox"/> BY                                                                                   |  |     |             | NAME                                                                                                                   |        |                                                                                      |        | 47. DISPOSITION OF DOCUMENT                                              |      |                                                                                                                                           |         |                                   |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 48. SUSPECT                                                                                                                                                                     |  | SEX |             | DESCENT                                                                                                                |        | AGE                                                                                  |        | HEIGHT                                                                   |      | WEIGHT                                                                                                                                    |         | BUILD                             |                                  | COMPLEXION     |  | EYES           |  | HAIR |                         | BEARD, MUSTACHE, SIDEBURNS |  |      |  |
| 49. SCARS, MARKS, DEFORMITIES                                                                                                                                                   |  |     |             | 50. GLASSES (describe)                                                                                                 |        |                                                                                      |        | 51. CLOTHING WORN                                                        |      |                                                                                                                                           |         |                                   |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 52. SPEECH CHARACTERISTICS                                                                                                                                                      |  |     |             | 53. WHAT DID SUSPECT SAY?                                                                                              |        |                                                                                      |        | 54. ARRESTED<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |      |                                                                                                                                           |         |                                   |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 55. VEHICLE USED BY SUSPECT                                                                                                                                                     |  |     |             | YEAR                                                                                                                   |        |                                                                                      |        | BODY STYLE                                                               |      |                                                                                                                                           |         | COLORS                            |                                  |                |  | YR-ST-LIC      |  |      | OTHER IDENTIFYING MARKS |                            |  |      |  |
| MAKE                                                                                                                                                                            |  |     |             | MODEL                                                                                                                  |        |                                                                                      |        |                                                                          |      |                                                                                                                                           |         |                                   |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 56. NARRATIVE (INCLUDE DETAILED DESCRIPTION OF PROPERTY OBTAINED, GENERAL RESUME OF CRIME, ETC.<br>DESCRIBE ADDITIONAL SUSPECTS AND/OR WITNESSES, ARREST NUMBER AND CHARGE)     |  |     |             |                                                                                                                        |        |                                                                                      |        |                                                                          |      |                                                                                                                                           |         |                                   |                                  |                |  |                |  |      |                         |                            |  |      |  |
| 57. REPORT MADE BY                                                                                                                                                              |  |     |             |                                                                                                                        |        |                                                                                      |        |                                                                          |      | 58. INDEXED BY                                                                                                                            |         |                                   |                                  |                |  |                |  |      |                         |                            |  | DATE |  |
| 59. APPROVED BY                                                                                                                                                                 |  |     |             |                                                                                                                        |        |                                                                                      |        |                                                                          |      | 60. BULLETIN BY                                                                                                                           |         |                                   |                                  |                |  |                |  |      |                         |                            |  | DATE |  |
| 61. ASSIGNED TO                                                                                                                                                                 |  |     |             |                                                                                                                        |        |                                                                                      |        |                                                                          |      | 62. NCIC ENTRY BY                                                                                                                         |         |                                   |                                  |                |  |                |  |      |                         |                            |  | DATE |  |
| 63. CLEARED BY (NAME)                                                                                                                                                           |  |     |             |                                                                                                                        |        |                                                                                      |        |                                                                          |      | ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> INACTIVE <input type="checkbox"/> EXCEPTIONAL <input type="checkbox"/> |         |                                   |                                  |                |  |                |  |      |                         | 64. CLEARANCE APPROVED BY  |  |      |  |

Figure A-12. Worthless Document Report



- extension number, if applicable.
- (6) Use the words that best describe the type of offense (e.g., forgery, NSF check). If the offense was attempted but not completed, enter the word "Attempt" in front of the type of offense.
  - (7) Give the exact address. When no specific address can be connected with the location of occurrence, indicate as "Rear of 241 South Main Street," "S/W corner of 5th and Broadway Streets," etc.
  - (8) Enter the number of the Reporting District of occurrence.
  - (9) List all other reports related to this incident (Vehicle, Arrest, Property, etc.) and identifying numbers, if different from the Incident Number assigned to this report.
  - (10) Enter the date and time in accordance with agency policy (e.g., 14 Dec 78 or 12-14-78; 5:30 PM or 1730 hours).
  - (11) Self-explanatory.
  - (12) Mark the appropriate box, if applicable.
  - (13) Refers to the actual loss suffered, not the amount of the check.



- (14) Same as Item 10 . Refers to the date and time the offense was formally reported to the agency.
- (15) Last name first (in capitals), first name, and middle initial (if a common name, enter the full middle name).
- (16) Same as Item 3.
- (17) Self-explanatory.
- (18) Same as Item 5.
- (19) Same as Item 15. Show Descent as W (White), B (Black), M (Mexican), O (Oriental), PR (Puerto Rican), IND (American Indian), or OTH (Other).
- (20) Same as Item 3.
- (21) Self-explanatory.
- (22) Same as Item 5.
- (23) Same as Item 19.
- (24) Same as Item 3.
- (25) Self-explanatory.
- (26) Same as Item 5.
- (27) If an individual, give the exact occupation (e.g., carpenter, jewelry salesman). If a business firm, give the position held by the person accepting the document (e.g., clerk,



- cashier, owner). If the individual is retired, also indicate (e.g., retired carpenter).
- (28) Mark the appropriate box.
  - (29) List the principal items obtained (e.g., money, groceries, medical services).
  - (30) Identify the writer, if known. Include address in body of report.
  - (31) Include the name, address, and description, if known. Use the body of the report for additional space.
  - (32) Describe as personal or company check, U.S. Postal Service money order, deed, etc.
  - (33) Include the type and number.
  - (34) List as shown on the document.
  - (35) Self-explanatory.
  - (36) List the amount shown on check, *not* amount of cash obtained.
  - (37) Mark the appropriate boxes.
  - (38) Self-explanatory.
  - (39) Describe the reason for suspicions of the person refusing to accept or other reasons leading to rejection of the document.
  - (40) Describe specifically (e.g.: market, bank, liquor store).



- (41) Give the exact address. If in another city, include the city name.
- (42) Self-explanatory.
- (43) Self-explanatory. Use the body of the report for additional space.
- (44) List the name of person to whom payment was to be made.
- (45) Self-explanatory.
- (46) Mark the appropriate box and include the name (last name first, first name, and middle initial).
- (47) Relate whether booked as evidence, returned to bank, etc.
- (48) Self-explanatory. Describe Descent as W (White), B (Black), M (Mexican), PR (Puerto Rican), IND (American Indian), O (Oriental), or OTH (Other).
- (49) Self-explanatory. Include tattoos.
- (50) Indicate whether rimless, tinted, silver frames, etc.
- (51) Self-explanatory.
- (52) Indicate as stuttered, southern accent, lisped, etc.
- (53) Describe suspect's significant words (e.g.,



"I need some extra cash for a trip,"

"I'm a little short of cash").

(54) Mark appropriate box.

(55) Make is the specific name of the

manufacturer (e.g., Ford, Chevrolet).

Model is the name of the vehicle (e.g.,

Pinto, Mustang, Monte Carlo). Report body

style as "4-door sedan", "2-door convertible",

1/2-ton pickup truck," etc. If the vehicle

top is a different color or is of vinyl,

describe by listing the top color first, then

the bottom color (e.g., "blk/red", "wht vinyl/

grn").

(56) Self-explanatory.

(57) Reporting officer's name and number.

(58-64) For office and/or investigator's use.

#### 5.12 Bicycle Report

The Bicycle Report (see Figure A-13) is an optional report used to report the loss, finding, theft, or recovery of a bicycle (if a bicycle was stolen and subsequently located, it should be reported as "Recovered" not "Found"). Complete the entry for each Item as follows:

(1) Enter the number assigned to the report.

(2) Enter the last name first (in capitals), first name, and middle initial (if a common name,



enter the full middle name). If a business firm, use the name under which the business is conducted.

- (3) Give the exact address. If a resident of another city, include the city name. If visiting locally, give the local address also (use the body of report for additional space).
- (4) Self-explanatory.
- (5) Self-explanatory. Include the area code and/or extension number, if applicable.
- (6) Mark the appropriate boxes.
- (7) Give the exact address. When no specific address can be connected with the location of occurrence, indicated as "Rear of 241 South Main Street," "S/W corner of 5th and Broadway Streets," "Fargo Street, 1-2/10 miles W of Bridge 102," etc.
- (8) Enter the number of the Reporting District of occurrence.
- (9) List all other reports related to this incident (Vehicle, Arrest, Property, etc.) and identifying numbers, if different from the Incident Number assigned to this report.



- (10) Enter the day and time in accordance with agency policy (e.g., 14 Dec. 78 or 12-14-78; 5:30 PM or 1730 hours).
- (11) Self-explanatory.
- (12) Describe as raining, snowing, sunny, etc.
- (13) Same as Item 10. Refers to the date and time the offense was formally reported to the police.
- (14) Last name first (in capitals), first name, and middle initial (if a common name, enter the full middle name).
- (15) Same as Item 3.
- (16) Self-explanatory.
- (17) Same as Item 5.
- (18) Same as Item 4.
- (19) Same as Item 3.
- (20) Self-explanatory.
- (21) Same as Item 5.
- (22) Same as Item 14 (use B and C for additional witnesses). Describe Descent as W (White, B (Black), M (Mexican), PR (Puerto Rican), IND (American Indian), O (Oriental) or OTH (Other).
- (23) Same as Item 3.



- (24) Self-explanatory.
- (25) Same as Item 5.
- (26) If an individual, give the exact occupation (e.g., carpenter, jewelry salesman, student). If a business firm, give the position held by the person reporting the offense (e.g., clerk, manager, owner). If the individual is retired, also indicate (e.g., retired carpenter).
- (27) Describe specifically (e.g., residence garage, school yard).
- (28) Enter the victim's actual location at the time of the incident (e.g., in school, in house).
- (29) Estimate the value when actual value is unknown. In determining value, depreciation should be considered. New property stolen from a merchant should be listed at wholesale value, not retail.
- (30) Enter the name of the manufacturer.
- (31) Self-explanatory.
- (32) Self-explanatory.
- (33) List the number and describe.
- (34) Mark the appropriate box.
- (35) Mark the appropriate box. If "Other," indicate the largest wheel size.
- (36) Mark the box for "Chrome" or describe the color(s).



| 1. INCIDENT NO.                                                                                                                                                                                                |  | BICYCLE REPORT                                                                                                                          |         |                                                                                                                                           |                                                             |                        |                |                                  |                                                                                                                                             |                |                                                                           |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------|----------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------|-----|
| 2. VICTIM'S NAME (Firm name if business)                                                                                                                                                                       |  |                                                                                                                                         |         | 3. ADDRESS                                                                                                                                |                                                             |                        |                | 4. RES. PHONE                    |                                                                                                                                             | 5. BUS. PHONE  |                                                                           |     |
| 6. STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> LOST <input type="checkbox"/> FOUND <input type="checkbox"/>                                                                             |  | 7. LOCATION: NUMBER STREET                                                                                                              |         |                                                                                                                                           |                                                             | 8. R.D.                |                | 9. CONNECTED REPORTS AND NUMBERS |                                                                                                                                             |                |                                                                           |     |
| 10. DATE AND TIME OCCURRED                                                                                                                                                                                     |  |                                                                                                                                         |         | 11. DAY OF WEEK                                                                                                                           |                                                             | 12. WEATHER CONDITIONS |                | 13. DATE AND TIME REPORTED       |                                                                                                                                             |                |                                                                           |     |
| 14. PERSON REPORTING CRIME TO POLICE                                                                                                                                                                           |  |                                                                                                                                         |         | 15. RESIDENCE ADDRESS                                                                                                                     |                                                             |                        |                | 16. RES. PHONE                   |                                                                                                                                             | 17. BUS. PHONE |                                                                           |     |
| 18. PERSON DISCOVERING CRIME                                                                                                                                                                                   |  |                                                                                                                                         |         | 19. RESIDENCE ADDRESS                                                                                                                     |                                                             |                        |                | 20. RES. PHONE                   |                                                                                                                                             | 21. BUS. PHONE |                                                                           |     |
| 22. WITNESS: NAME                                                                                                                                                                                              |  | SEX                                                                                                                                     | DESCENT | AGE                                                                                                                                       | 23. RESIDENCE ADDRESS                                       |                        |                | 24. RES. PHONE                   |                                                                                                                                             | 25. BUS. PHONE |                                                                           |     |
| (A)                                                                                                                                                                                                            |  |                                                                                                                                         |         |                                                                                                                                           |                                                             |                        |                |                                  |                                                                                                                                             |                |                                                                           |     |
| (B)                                                                                                                                                                                                            |  |                                                                                                                                         |         |                                                                                                                                           |                                                             |                        |                |                                  |                                                                                                                                             |                |                                                                           |     |
| 26. VICTIM'S OCCUPATION                                                                                                                                                                                        |  |                                                                                                                                         |         | 27. TYPE OF PREMISES OF CRIME                                                                                                             |                                                             |                        |                | 28. WHERE WAS VICTIM?            |                                                                                                                                             |                |                                                                           |     |
| 29. VALUE                                                                                                                                                                                                      |  | 30. MAKE                                                                                                                                |         | 31. LIC. NO.                                                                                                                              |                                                             | 32. SERIAL NO.         |                | 33. NO. OF SUSPECTS              |                                                                                                                                             | SEX            | DESCENT                                                                   | AGE |
| 34. BOY'S <input type="checkbox"/><br>GIRL'S <input type="checkbox"/>                                                                                                                                          |  | 35. WHEEL SIZE<br>20" <input type="checkbox"/> 24" <input type="checkbox"/> 26" <input type="checkbox"/> OTHER <input type="checkbox"/> |         |                                                                                                                                           | 36. RIMS<br>CHROME <input type="checkbox"/> PAINTED (Color) |                        |                | 37. SEAT                         |                                                                                                                                             |                |                                                                           |     |
| 38. BRAKE<br>HAND <input type="checkbox"/> FOOT <input type="checkbox"/>                                                                                                                                       |  | 39. FENDERS<br>FRONT <input type="checkbox"/> REAR <input type="checkbox"/> NONE <input type="checkbox"/>                               |         |                                                                                                                                           | 40. COLOR                                                   |                        | 41. TRIM COLOR |                                  | 42. EQUIPMENT<br>LIGHT <input type="checkbox"/> BASKET <input type="checkbox"/> HORN <input type="checkbox"/> BAGS <input type="checkbox"/> |                |                                                                           |     |
| 43. EQUIP. - CONTINUED<br>SPEEDOMETER <input type="checkbox"/> REFLECTOR <input type="checkbox"/> TAILLIGHT <input type="checkbox"/> PUMP <input type="checkbox"/> WATER BOTTLE <input type="checkbox"/> OTHER |  |                                                                                                                                         |         |                                                                                                                                           |                                                             |                        |                |                                  |                                                                                                                                             |                |                                                                           |     |
| 44. VEHICLE USED BY SUSPECT BODY STYLE YEAR COLOR YR., STATE, LIC. OTHER IDENTIFYING MARKS                                                                                                                     |  |                                                                                                                                         |         |                                                                                                                                           |                                                             |                        |                |                                  |                                                                                                                                             |                |                                                                           |     |
| 45. SUSPECT                                                                                                                                                                                                    |  | SEX                                                                                                                                     | DESCENT | AGE                                                                                                                                       | HEIGHT                                                      | WEIGHT                 | BUILD          | COMPLEXION                       | EYES                                                                                                                                        | HAIR           | BEARD, MUSTACHE, SIDEBURNS                                                |     |
| 46. SCARS, MARKS, DEFORMITIES                                                                                                                                                                                  |  |                                                                                                                                         |         | 47. GLASSES (Describe)                                                                                                                    |                                                             |                        |                | 48. CLOTHING WORN                |                                                                                                                                             |                |                                                                           |     |
| 49. SPEECH CHARACTERISTICS                                                                                                                                                                                     |  |                                                                                                                                         |         | 50. WHAT DID SUSPECT SAY?                                                                                                                 |                                                             |                        |                |                                  |                                                                                                                                             |                | 51. ARRESTED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |     |
| 52. NARRATIVE: Include general resume of crime; describe additional suspects and/or witnesses; arrest number and charge.                                                                                       |  |                                                                                                                                         |         |                                                                                                                                           |                                                             |                        |                |                                  |                                                                                                                                             |                |                                                                           |     |
| 53. REPORT MADE BY                                                                                                                                                                                             |  |                                                                                                                                         |         | EMPLOYEE NO.                                                                                                                              |                                                             |                        |                | 54. INDEXED BY                   |                                                                                                                                             | DATE           |                                                                           |     |
| 55. APPROVED BY                                                                                                                                                                                                |  |                                                                                                                                         |         | EMPLOYEE NO.                                                                                                                              |                                                             |                        |                | 56. BULLETIN BY                  |                                                                                                                                             | DATE           |                                                                           |     |
| 57. ASSIGNED TO                                                                                                                                                                                                |  |                                                                                                                                         |         | EMPLOYEE NO.                                                                                                                              |                                                             |                        |                | 58. NCIC ENTRY BY                |                                                                                                                                             | DATE           |                                                                           |     |
| 59. CLEARED BY (Name)                                                                                                                                                                                          |  |                                                                                                                                         |         | ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> INACTIVE <input type="checkbox"/> EXCEPTIONAL <input type="checkbox"/> |                                                             |                        |                |                                  |                                                                                                                                             |                | 60. CLEARANCE APPROVED BY                                                 |     |

Figure A-13. Bicycle Report



- (37) Describe as regular, padded, banana, etc.
- (38) Mark the appropriate box.
- (39) Mark the appropriate box.
- (40) Describe the primary color(s).
- (41) Describe the trim color(s).
- (42) Mark the appropriate boxes.
- (43) Mark the appropriate boxes. If "Other," describe.
- (44) Make is the specific name of the manufacturer (e.g., Ford, Chevrolet). Model is the name of the vehicle (e.g., Pinto, Mustang, Monte Carlo). Report the body style as "4-dr sed," "2-dr conv," "1/2-ton pickup trk," etc. If the vehicle top is a different color or is vinyl, describe by listing the top color first then the bottom color (e.g., "blk/red," "wht vinyl/grn," etc.
- (45) Self-explanatory.
- (46) Self-explanatory. Include tatoos.
- (47) Indicate whether rimless, tinted, silver frames, etc.
- (48) Self-explanatory.
- (49) Indicate as stuttered, southern accent, lisped, etc.
- (50) Describe the suspect's significant words (e.g., "Can I ride your bicycle to the corner and back?").  
  
It is recognized that a suspect's statement will seldom be of consequence in bicycle theft cases; the space is provided for the occasion when it is.



(51) Self-explanatory.

(52) Reporting officer's name and number.

(53-58) For office and/or investigator's use.



## 6. OFFENSES AND INCIDENTS

The following tabulation relates specific offenses and incidents to the appropriate report form within the Model Records System. This list is comprehensive but not intended to be all-inclusive.

| <u>Incident</u>                  | <u>Report Form</u>     |
|----------------------------------|------------------------|
| Abandoned vehicle, not impounded | Miscellaneous Incident |
| Abandoned vehicle, impounded     | Vehicle                |
| Abandonment of refrigerators     | Miscellaneous Incident |
| Abusive language                 | Offense                |
| Accidental injury or death       | Miscellaneous Incident |
| Accident, traffic                | Traffic Accident       |
| Additional information           | Supplementary          |
| Arson                            | Offense                |
| Assault                          | Offense                |
| Attempts                         | Offense                |
| Auto theft                       | Vehicle                |
| Bad checks                       | Worthless Document     |
| Battery                          | Offense                |
| Bicycle theft                    | Bicycle                |
| Bigamy                           | Offense                |
| Bomb or bomb threat              | Offense                |
| Breaking and entering            | Offense                |



|                                                          |                        |
|----------------------------------------------------------|------------------------|
| Bribery                                                  | Offense                |
| Burglary or unlawful entry                               | Offense                |
| Burning trash illegally                                  | Miscellaneous Incident |
| Checks                                                   | Worthless Document     |
| Child neglect or abuse                                   | Offense                |
| Child abandonment                                        | Offense                |
| Confidence game                                          | Offense                |
| Conspiracy to commit a crime                             | Offense                |
| Contributing to delinquency                              | Offense                |
| Counterfeit money or securities                          | Worthless Document     |
| Crime against nature                                     | Offense                |
| Cruelty to animals                                       | Offense                |
| Damage to property                                       | Offense                |
| Dangerous excavations                                    | Miscellaneous Incident |
| Deaths - noncriminal                                     | Miscellaneous Incident |
| Discharging firearms (law enforcement pers.)             | Miscellaneous Incident |
| Disorderly conduct (aggravated)                          | Offense or Arrest*     |
| Disturbance (aggravated)                                 | Offense or Arrest*     |
| Dog bite                                                 | Miscellaneous Incident |
| Driving while under the influence of<br>alcohol or drugs | Arrest                 |
| Driving without owner's consent                          | Vehicle                |
| Drugs - narcotics (possession)                           | Offense or Arrest*     |



|                                                      |                    |
|------------------------------------------------------|--------------------|
| Drugs - narcotics (sale)                             | Offense            |
| Drunkenness                                          | Arrest             |
| Embezzlement                                         | Offense            |
| Escape                                               | Offense            |
| Extortion                                            | Offense            |
| False bomb alarm                                     | Offense            |
| False pretenses - theft                              | Offense            |
| Firearms - illegal possession or use                 | Offense or Arrest* |
| Forgery                                              | Worthless Document |
| Fortune-telling                                      | Offense            |
| Found property                                       | Property           |
| Fraud                                                | Offense            |
| Gambling and related offenses                        | Offense or Arrest* |
| Hit and run (traffic accident)                       | Traffic Accident   |
| Homicide                                             | Offense            |
| Hotel fraud                                          | Offense            |
| Impersonation of officer                             | Offense            |
| Incest                                               | Offense            |
| Indecent exposure                                    | Offense            |
| Junk dealer, violations                              | Offense            |
| Kidnapping                                           | Offense            |
| Larceny - all types (except vehicles<br>and bicycle) | Offense            |



|                                       |                        |
|---------------------------------------|------------------------|
| Lewd phone calls                      | Offense                |
| License violations                    | Offense                |
| Liquor violations                     | Offense or Arrest*     |
| Lost person aided                     | Miscellaneous Incident |
| Lost property                         | Miscellaneous Incident |
| Malicious mischief                    | Offense                |
| Mayhem                                | Offense                |
| Missing persons                       | Miscellaneous Incident |
| Murder                                | Offense                |
| Obscene matter                        | Offense                |
| Peeping tom                           | Offense                |
| Poisons - unlawful sale or possession | Offense                |
| Perversion                            | Offense                |
| Pickpocket                            | Offense                |
| Prostitution                          | Offense or Arrest*     |
| Prowler                               | Offense                |
| Pursesnatch                           | Offense                |
| Rape                                  | Offense                |
| Recovered Vehicle                     | Vehicle                |
| Resisting Arrest                      | Offense                |
| Robbery                               | Offense                |
| Runaway                               | Miscellaneous Incident |
| Safe burglary                         | Offense                |
| Seduction                             | Offense                |



|                                                  |                        |
|--------------------------------------------------|------------------------|
| Sex offenses                                     | Offense                |
| Shoplifting                                      | Offense                |
| Sick or injured person - aided                   | Miscellaneous Incident |
| Stinkbombs, depositing                           | Offense                |
| Stolen property - receiving,<br>possessing, etc. | Offense                |
| Stray animal                                     | Miscellaneous Incident |
| Suicide (or attempt)                             | Miscellaneous Incident |
| Supplementary information                        | Supplementary          |
| Swindling                                        | Offense                |
| Tampering with auto                              | Offense                |
| Threats                                          | Offense                |
| Traffic Accident                                 | Traffic Accident       |
| Weapons, carrying or possession of               | Offense or Arrest*     |

\* Generally, only an Arrest Report need be prepared for *on-view* arrests for drunkenness, disorderly conduct, drug or narcotics possession, illegal possession of firearms or other weapons, gambling, liquor violations, prostitution, or driving while under the influence. The Arrest Report alone is considered sufficient to record this type of offense, because such offenses do not involve a victim (except in the technical sense). In some instances, aggravated circumstances or a continuing violation may make preparation of an Offense Report desirable.







APPENDIX B

Administrative Reporting Guide



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## 1. PURPOSE OF REPORTS

An officer writes a field report to record his activities and findings. The investigative report is a permanent record of the case, the basis for evaluation of what has been done, the basis for deciding further action, and the basis for prosecution.

Information obtained from the various reports of a law enforcement agency can be tabulated within that agency to give a picture of criminal and noncriminal activity within a jurisdiction. This information explains where and how police officers and their equipment are being used, and it can also indicate where and how they should be used.

Reports can be used in manpower allocation, plans with regard to single -- or multiple-crime-specific planning. This capability can be on a tactical or strategic basis. The records of a law enforcement agency, which are based upon the reports of its officers, are an aid in the planning of the police budget and the distribution of funds within the agency. Long-range planning for the agency to meet changing crime conditions is based on the information from reports.

Administrative reports in the Model Records System are produced to:

- (a) Initiate the agency's response to calls-for-service;
- (b) record the administrative activities of field personnel;
- (c) establish numerical control over field reports and control the files of such records;
- (d) to disseminate crime information to field units of, or throughout, the agency;
- and, (e) control property in the custody of the agency.



## 2. ENTRY COMPLETION INSTRUCTIONS

A functional method for making the information on completion of each form available to administrative personnel is to print the instructions on a series (one for each type of report form) of heavy-card-stock, 8-1/2- by 11-inch notebook dividers, with each divider tabbed for a specific type of report. The dividers can be made more durable by plasticizing them.

### 2.1 Standard Dispatch Card

The Standard Dispatch Card (see Figure B-1) is used by a dispatcher to record the circumstances of a call-for-service assigned to a radio unit.

#### 2.1.1 Front

Complete the entry for each Item as follows:

- Nature of Incident -- If the incident is described in the lower left portion of the card, the Below box should be checked. If not, the specific type of incident should be entered (e.g., barking dog, found property, etc.) Check the In Progress box, if applicable.
- Location -- Give the exact address. When no specific address can be connected with the location of occurrence, indicate as "Rear of 241 S Main St," "S/W corner of 5th and Broadway Sts," "Fargo St, 1-2/10 miles W of Bridge 102," etc. If location is a business firm, include name.



| STANDARD DISPATCH CARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NATURE OF INCIDENT <input type="checkbox"/> BELOW <input type="checkbox"/> IN PROGRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">REC'D</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">DISP.</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">ARR.</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">COMP.</div> </div> | NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                    | RECEIVED BY      DISPATCHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| COMPLAINANT'S NAME <input type="checkbox"/> REFUSED      TELE. NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 10px; margin-right: 10px; text-align: center;"> UNIT<br/>ASSIGN </div> <div> ACTION TAKEN:<br/> <input type="checkbox"/> TRAF. ACC. RPT.<br/> <input type="checkbox"/> REPORT<br/> <input type="checkbox"/> CIVIL<br/> <input type="checkbox"/> ARREST<br/> <input type="checkbox"/> GUA<br/> <input type="checkbox"/> TRAF. VIOLATION<br/> <input type="checkbox"/> UNFOUNDED<br/> <input type="checkbox"/> RESTORED PEACE<br/> <input type="checkbox"/> ADVISED </div> </div> |  |
| ADDRESS <input type="checkbox"/> SAME AS LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| DISTURBANCE: <input type="checkbox"/> FAMILY <input type="checkbox"/> JUVENILE <input type="checkbox"/> FIGHTING <input type="checkbox"/> VEHICLES<br>ACCIDENT: <input type="checkbox"/> PER. INJ. <input type="checkbox"/> PROP. DAM. <input type="checkbox"/> HIT & RUN <input type="checkbox"/> PRIVATE PROP.<br>PERSON: <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING <input type="checkbox"/> SUSPICIOUS <input type="checkbox"/> DEATH<br>ALARM: <input type="checkbox"/> FIRE <input type="checkbox"/> HOLD UP <input type="checkbox"/> BURGLARY <input type="checkbox"/> SILENT<br>OTHER: <input type="checkbox"/> LARCENY <input type="checkbox"/> BURGLARY <input type="checkbox"/> STO. AUTO <input type="checkbox"/> MAL MIS<br><input type="checkbox"/> AMBULANCE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHOTS <input type="checkbox"/> ASSISTANCE |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | OTHER:                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

| PERSONS                                                                                                                                                                                                                                                                                                                                  |       |         |          |      |      |      |      | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">DESCRPT. B'CAST.</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">NOTIFICATIONS MADE</div> </div> |                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|----------|------|------|------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| NO. 1                                                                                                                                                                                                                                                                                                                                    | SEX   | DESCENT | AGE      | HGT. | WGT. | HAIR | EYES |                                                                                                                                                                                                                                                                               | NOTIFICATIONS <input type="checkbox"/> AMBULANCE <input type="checkbox"/> FIRE DEPT |
|                                                                                                                                                                                                                                                                                                                                          | COMP. | GLASSES | CLOTHING |      |      |      |      |                                                                                                                                                                                                                                                                               | <input type="checkbox"/> WRECKER                                                    |
| NO. 2                                                                                                                                                                                                                                                                                                                                    | SEX   | DESCENT | AGE      | HGT. | WGT. | HAIR | EYES |                                                                                                                                                                                                                                                                               | NAME                                                                                |
|                                                                                                                                                                                                                                                                                                                                          | COMP. | GLASSES | CLOTHING |      |      |      |      |                                                                                                                                                                                                                                                                               | TELEPHONE NO.    BASIS <input type="checkbox"/> OWNER'S REQUEST                     |
| DIRECTION OF FLIGHT ON                                                                                                                                                                                                                                                                                                                   |       |         |          |      |      |      |      | <input type="checkbox"/> ROTATION <input type="checkbox"/> NEAREST AVAIL                                                                                                                                                                                                      |                                                                                     |
| <div style="display: flex;"> <div style="border: 1px solid black; padding: 5px; margin-right: 5px;"> VEHICLE<br/> MAKE    MODEL    YEAR<br/> BODY STYLE    COLOR<br/> LIC. NO.    LIC. YR.<br/> STATE    LIC. TYPE </div> <div style="border: 1px solid black; padding: 5px; flex-grow: 1;"> OTHER IDENTIFYING INFORMATION </div> </div> |       |         |          |      |      |      |      | DEPT. MEMBERS NOTIFIED: TITLE, NAME, TIME                                                                                                                                                                                                                                     |                                                                                     |
|                                                                                                                                                                                                                                                                                                                                          |       |         |          |      |      |      |      | ADDITIONAL INFORMATION                                                                                                                                                                                                                                                        |                                                                                     |
|                                                                                                                                                                                                                                                                                                                                          |       |         |          |      |      |      |      | NOTIFIED BY <input type="checkbox"/> DISPATCHER                                                                                                                                                                                                                               |                                                                                     |

Figure B-1. Standard Dispatch Card



- Complainant's Name -- Enter the last name first (in capitals), first name, and middle initial. Check Refused box, if applicable.
- Telephone No. -- Self-explanatory. Include the area code and/or extension number, if applicable.
- Address -- Refers to the Complainants' address. Check Same as Location box, if applicable. Otherwise, give the exact address. If a resident of another city, include the city name. If visiting locally, give the local address also (use Remarks section for additional space).

Note

It is recognized that, in cases of emergency calls, time may not allow for securing full information.

- Check Boxes for Specific Incidents -- Check as applicable. If not applicable, enter the specific type of incident in the Nature Of Incident block.
- Remarks -- Add any information that would be helpful to the responding officer (e.g., "Suspect armed," "Earlier call to this location," etc.
- Received, Dispatched, Arrived, and Completed Columns -- In the appropriate column, enter the exact time the call was received by the dispatcher, the time the call was dispatched, the time the unit arrived at the scene of the call, and the time the call was completed by the assigned unit.



- Number -- Both Standard and Administrative Dispatch Cards should be numbered consecutively as used. The number is not an Incident Number; it is used solely to facilitate filing Dispatch Cards in a general chronological order and to provide a quick tally of the number of calls dispatched during a given period.
- Received By -- Enter the name of the employee receiving the request for service, if different from dispatcher. Otherwise enter a dash.
- Dispatcher -- Enter the name of the dispatcher.
- Unit Assigned -- Enter the number of the unit assigned to the call.
- Action Taken -- Check the appropriate box for the disposition of the call, as reported by the assigned unit after completion of the call.
- Other -- Enter the numbers of other units responding or assigned to the call, unusual call dispositions, or other information pertinent to the dispatch or disposition of the call.

#### 2.1.2 Reverse

Complete the entry for each Item as follows:

- Persons -- Self-explanatory. For glasses, indicate whether rimless, tinted, silver frames, etc.
- Direction of Flight -- Enter the direction as N, E, S, or W, together with the street name.



- Vehicle:
  - Make -- The specific name of the manufacturer (e.g., Ford, Chevrolet).
  - Model -- The name of the vehicle (e.g., Pinto, Mustang, Monte Carlo).
  - Year -- Year vehicle manufactured.
  - Body Style -- The type of vehicle (e.g., "4-dr. sedan," "2-dr. conv.," "1/2-ton pickup trk.," etc.
  - Color -- If the vehicle top is a different color or is vinyl, describe by listing the top color first, then the bottom color (e.g., "blk/red," "wht. vinyl/grn.," etc.).
  - Lic. Type -- Refers to commercial, dealer, or any other special type of license plate.
- Other Identifying Information -- Self explanatory.
- Notifications -- Check applicable boxes for notifications made. If Wrecker is checked, indicate the towing company's name. Enter name of person notified and telephone number. The Basis box refers to wrecker calls; mark the appropriate box to describe how the towing company was the one chosen. Enter title, name, and time notified for agency personnel notified.
- Additional Information -- Self-explanatory.
- Notified By -- Enter the name of the person making notifications. If it is the dispatcher, do not enter the name; just check the box.



## 2.2 Administrative Dispatch Card

The Administrative Dispatch Card (see Figure B-2) is used by a dispatcher to record those activities of an administrative nature generated internally or by a field unit, or to record requests for checks of department records made by field units.

### 2.2.1 Front

Complete the entry for each Item as follows:

- Unit No. -- Self-Explanatory.
- Location -- Give the exact address. When no specific address can be connected with the location of occurrence, indicate as "Rear of 241 S Main St," "S/W corner of 5th and Broadway Sts," "Fargo St, 1-2/10 miles W of Bridge 102," etc. If location is a business firm, include name.
- Reverse Used -- Check the box, if applicable.
- Number -- Both Standard and Administrative Dispatch Cards should be numbered consecutively as used. The number is not an Incident Number; it is used solely to facilitate filing Dispatch Cards in a general chronological order and to provide a quick tally of the number of calls dispatched during a given period.
- Telephone No. -- Refers to the telephone number at the location of the incident. Include the area code and/or extension number, if applicable.



# ADMINISTRATIVE DISPATCH CARD

|                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                       |       |          |       |            |  |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|-------|----------|-------|------------|--|------------------------------------------|
| UNIT NO.                                                                                                                                                                                                                                        |  | LOCATION                                                                                                                                                                                                                                                                                                                                                                                                      |  | REVERSE USED <input type="checkbox"/> |       | NUMBER   |       |            |  |                                          |
| TELEPHONE NO.                                                                                                                                                                                                                                   |  | PERSON NOTIFIED OR TO BE CONTACTED                                                                                                                                                                                                                                                                                                                                                                            |  | REC'D                                 | DISP. | ARR.     | COMP. |            |  |                                          |
|                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                       |       |          |       | DISPATCHER |  | <input type="checkbox"/> SUBJECT TO CALL |
| EXTERNAL                                                                                                                                                                                                                                        |  | INTERNAL                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                       |       |          |       |            |  |                                          |
| <input type="checkbox"/> CONDITION<br><input type="checkbox"/> STREET DEFECT<br><input type="checkbox"/> STREET LIGHT OUT<br><input type="checkbox"/> TRAFFIC LIGHT OUT<br>OTHER _____                                                          |  | <input type="checkbox"/> BREAK<br><input type="checkbox"/> FOLLOW-UP<br><input type="checkbox"/> TRAFFIC CIT.<br><input type="checkbox"/> TRANSPORT.<br><input type="checkbox"/> COURT<br><input type="checkbox"/> REPAIRS<br><input type="checkbox"/> RADIO SERVICE<br><input type="checkbox"/> RETURN TO STATION<br><input type="checkbox"/> PATROLLING ON FOOT<br><input type="checkbox"/> MEET UNIT _____ |  |                                       |       |          |       |            |  |                                          |
| NOTIFIED: <input type="checkbox"/> PERSON ABOVE <input type="checkbox"/> FIRE DEPT.<br><input type="checkbox"/> STREET DEPT. <input type="checkbox"/> TRAFFIC DEPT. <input type="checkbox"/> PARK DEPT.<br><input type="checkbox"/> OTHER _____ |  | OTHER: _____<br><input type="checkbox"/> CALL STATION <input type="checkbox"/> CALL NO. ABOVE                                                                                                                                                                                                                                                                                                                 |  |                                       |       |          |       |            |  |                                          |
|                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                       |       | REMARKS: |       |            |  |                                          |

|                                                                                                             |       |              |      |                                                                             |                |        |                   |              |      |       |
|-------------------------------------------------------------------------------------------------------------|-------|--------------|------|-----------------------------------------------------------------------------|----------------|--------|-------------------|--------------|------|-------|
| FILE CHECKS                                                                                                 |       | SEARCHED BY: |      |                                                                             |                | SERIAL |                   |              |      |       |
| VEHICLE                                                                                                     |       |              |      | PERSON                                                                      |                |        |                   | PROPERTY     |      |       |
| <input type="checkbox"/> WANTED ONLY <input type="checkbox"/> REGISTRATION AND WANTED                       |       |              |      | <input type="checkbox"/> WANTED ONLY <input type="checkbox"/> OPR'S LICENSE |                |        |                   | SERIAL NO.   |      |       |
| YEAR                                                                                                        | STATE | LIC. NO.     | TYPE | NAME (LAST, FIRST, MIDDLE)                                                  |                |        |                   | DESCRIPTION: |      |       |
| MAKE                                                                                                        |       | MODEL        | YEAR | ADDRESS                                                                     |                |        |                   |              |      |       |
| BODY STYLE                                                                                                  | COLOR | IDENT. NO.   |      | DOB                                                                         | OPR'S LIC. NO. |        |                   |              |      |       |
| LISTED TO                                                                                                   |       |              |      | SEX                                                                         | DESCENT        | AGE    | HGT.              |              | WGT. | BUILD |
| ADDRESS                                                                                                     |       |              |      | COMP.                                                                       | HAIR           | EYES   | BEARD, MUST, ETC. |              |      |       |
| VEHICLE IF DIFFERENT FROM ABOVE:                                                                            |       |              |      |                                                                             |                |        |                   |              |      |       |
| <input type="checkbox"/> NOT WANTED <input type="checkbox"/> NOT IN FILE <input type="checkbox"/> NO RECORD |       |              |      | STOLEN OR WANTED FOR<br>COMPLAINT NO. OR AUTHORITY                          |                |        |                   |              |      |       |

Figure B-2. Administrative Dispatch Card



- Person Notified Or To Be Contacted -- Enter the last name first, first name, and middle initial
- External -- Self-explanatory. Check the appropriate box.
- Received, Dispatched, Arrived, Completed -- In the appropriate columns, enter the exact time the call (or activity) was received by the dispatcher, the time the call was dispatched, the time the unit arrived at the scene of the call, and the time the call was completed by the assigned unit.
- Dispatcher -- Enter the name of the Dispatcher.
- Subject to Call -- Check the box if the involved unit is available for other calls while assigned to the current activity.
- Internal -- Self-explanatory. Check the appropriate box.

#### 2.2.2 Reverse

Complete the entry for each Item as follows:

- Searched By -- Enter the name of person making the requested file check.
- Serial -- Enter the serial (or agency) number of the person making the requested file check.
- Vehicle:
  - Wanted Only -- Check whether the information desired is for Wanted Only or both Registration and Wanted.



- Make -- The specific name of the manufacturer  
(e.g., Ford, Chevrolet)
- Model -- The name of the vehicle (e.g., Pinto, Mustang, Monte Carlo).
- Year -- Year vehicle manufactured.
- Body Style -- The type of vehicle (e.g., "4-dr sedan," "2-dr conv," "1/2-ton pickup trk," etc.).
- Color -- If the vehicle top is a different color or is vinyl, describe by listing the top color first, then the bottom color (e.g., "blk/red," "wht vinyl/grn," etc.)
- Ident. No. -- Indicate the manufacturer's vehicle identification number, *not* the motor number.
- Listed To -- Refers to the registered owner of the vehicle.
- Address -- Refers to the registered owner of the vehicle.
- Vehicle If Different From Above -- Refers to registration information that is different from that provided by the inquiring officer.

• Person:

- Name -- Enter the last name first (in capitals), first name, and middle initial (if a common name, enter the full middle name).
- Address -- Give the exact address. If a resident of another city, include the city name. If visiting locally, give the local address also.



## PAGE \_\_\_\_\_

[illegible]

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- Other Descriptors -- Self-explanatory.

- Property -- Enter the description and serial number of the property to be checked.
- Bottom Line -- Self-explanatory.

### 2.3 Incident Ledger

The Incident Ledger (see Figure B-3) is used as a master, permanent ledger for the recordation of officially reported incidents of both a criminal and noncriminal nature, not including arrests. The ledger serves as a chronological record of such incidents, a geographical location cross-file, a type-of-incident cross-file, and an auditing source for reported incidents. Complete the entry for each Item as follows:

- Incident Number -- Prenumbered in consecutive order.  
Multiple incidents arising from the same occurrence require only one number. Incident Numbers are assigned only to the Offense, Miscellaneous Incident, Vehicle, Traffic Accident, and Property Reports.
- Date Occurred -- Self-explanatory.
- Time Occurred -- Self-explanatory.
- Type of Report -- Describe as: Offense, Miscellaneous Incident, Vehicle, Traffic Accident, or Property.
- Location Of Incident -- Give the exact address. When no specific address can be connected with the location of occurrence, indicate as "Rear of 241 S Main St," "S/W corner of 5th and Broadway St," "Fargo St, 1-2/10 miles W of Bridge 102," etc. If location is a business firm, include the name.



- Victim -- Enter the last name first (in capitals), first name, and middle initial (if a common name, enter the full middle name). If a business firm, use the name under which the business is conducted.
- Officer Reporting -- Enter the name of officer completing the report.
- Connecting Reports -- List other reports relating to this incident (e.g., Property, Vehicle).

#### 2.4 Daily Report

The Daily Report (see Figure B-4) serves as an in-house summary of significant activities occurring within a given 24-hour period. The column headings are self-explanatory.

#### 2.5 Property Tag

The Property Tag (see Figure B-5) is attached for identification and maintenance of accountability to each package of property received into agency custody that is the subject of a Property Report. Where the volume of property received is low, the Property Tag can suffice for the Property Report. Complete the entry for each Item as follows:

- Evidence/Found Prop./Safekeeping -- Self-explanatory.  
Check the appropriate box.
- Booked To -- Enter the last name first (in capitals), first name, and middle initial (if a common name, enter the full middle name).



## Date \_\_\_\_\_

Figure B-4. Daily Report



| PROPERTY TAG                      |                                      |                                      |
|-----------------------------------|--------------------------------------|--------------------------------------|
| EVIDENCE <input type="checkbox"/> | FOUND PROP. <input type="checkbox"/> | SAFEKEEPING <input type="checkbox"/> |
| BOOKED TO                         |                                      | INCIDENT NO.                         |
| DATE/TIME BOOKED                  | RECEIVED BY (PROPERTY OFFICER)       |                                      |
| DESCRIPTION                       |                                      |                                      |
| BIN/SHELF NUMBER                  |                                      |                                      |

| CHAIN OF CONTINUITY<br>(SIGNATURES REQUIRED) |    |      |           |
|----------------------------------------------|----|------|-----------|
| NAME                                         | TO | NAME | DATE/TIME |
|                                              |    |      |           |
|                                              |    |      |           |
|                                              |    |      |           |
|                                              |    |      |           |
|                                              |    |      |           |
|                                              |    |      |           |

Figure B-5. Property Tag



- Evidence is booked to the arrestee, victim, or officer finding, in that order.
- Found Property is booked to the actual finder.
- Safekeeping property is booked to the owner or custodian.
- Incident No. -- Enter the number assigned to the related Property Report.
- Date/Time Booked -- Enter the date and time according to agency policy (e.g., 14 Dec 78 or 12-14-78; 5:30pm or 1730 hours).
- Received By -- Enter the last name first (in capitals), first name, and middle initial of the property officer (or designated agent) accepting the property into custody.
- Description -- Describe in detail, including serial number(s), size, color, quantity, etc.
- Bin/Shelf -- Enter the appropriate number. If the location changes, scratch out and enter the new number.
- Chain of Continuity -- Each time the concerned property is removed from custody, or custody is transferred, the person releasing custody should sign his name in the appropriate space; similarly, the person receiving custody should sign his name



in the space provided. Enter the date and time of the transaction in accordance with agency policy (e.g., 14 Dec 78 or 12-14-78; 5:30pm or 1730 hours).

## 2.6 Property Ledger

The Property Ledger (see Figure B-6) is used as a master, permanent ledger for the recordation of all property items accepted into agency custody, whether as evidence or found property or for safekeeping. Complete the entry for each Item as follows:

- Incident Number -- Enter the Incident Number assigned from the Incident Ledger to the related report.
- Date Booked -- Enter the date the property was placed in the property room or storage area, in accordance with agency policy (e.g., 14 Dec 78 or 12/14/78).
- Time Booked -- Enter the time the property was placed in the property room or storage area, in accordance with agency policy (e.g., 5:30PM or 1730 hours).



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Figure B-6. Property Ledger

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- Booked To -- Enter the name of the person to whom the property is booked. All evidence should be booked to the arrestee, victim, or the officer finding, in that order. If the case involves only found property, the property should be booked to the actual finder. Safekeeping property should be booked to the owner or custodian of the property.
- Received By -- Enter the name or number of the employee accepting custody of the property.
- General Description -- Self-explanatory.
- Bin/Shelf No. -- Enter the bin or shelf number where the property is being stored while in custody. This entry should be in pencil so that a change in storage location can be easily made.
- Final Disposition -- Enter the final disposition of the property (e.g., released to court, released to owner, destroyed, to auction).

## 2.7 Arrest Ledger

The Arrest Ledger (see Figure B-7) is used as a master, permanent ledger for the recordation of information pertaining to persons arrested by agency members, and for the booking into the jail system of prisoners arrested by other agencies. Complete the entry for each Item as follows:



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[illegible]

Figure B-7. Arrest Ledger



- Arrest Number -- The Arrest Ledger form should be prenumbered in consecutive order, using a numbering system dissimilar from the Incident Number system. Each arrested person should be entered on a separate line, using the next consecutive number.
- Date and Time Arrested -- Enter the date and time in accordance with agency policy (e.g., 14 Dec 78 or 12/14/78; 5:30PM or 1730 hours).
- Date and Time Booked -- Enter the date and time in accordance with agency policy (e.g., 14 Dec 78 or 12/14/78; 5:30PM or 1730 hours).
- Charge -- Enter the specific municipal, county, State, or Federal statute for which the arrestee is being booked. This need not be the specific charge on which the arrestee will be prosecuted.
- Name -- Enter the arrestee's name, last name first (in capitals), first name, and *full* middle name.
- Location of Arrest -- Enter the exact address. When no specific address exists, indicate as "Rear of 241 S Main St," "S/W corner of 5th and



Broadway Sts," "Fargo St, 1-2/10 miles W of Bridge 102," etc.

- Arresting Officer -- Self-explanatory.
- Department No. and Disposition -- For identification purposes, enter the permanent Department Number assigned to a particular arrestee at the time of his first arrest. In most instances, this number will have to be entered at a later time by a records clerk (after the fact that the arrestee has a Department Number has been ascertained, or after a Department Number has been assigned to a first-time arrestee. Disposition refers to the manner in which the arrestee was released from jail and/or the results of a court trial. Temporary dispositions should be entered in pencil. Typical entries would include the following:
  - "Released on bail [Date]."
  - "Released on own recognizance [Date]."
  - "Confined in General Hospital."
  - "Released to \_\_\_\_\_[other jurisdiction] - [Date]."
  - "Released - Not Guilty [Date]."
  - "10 days or \$50 - released [Date]."
  - "30 days - released [Date]."



## 2.8 Records Sign-Out

The Records Sign-Out form (see Figure B-8) is used by records unit personnel to account for records removed from file. It is completed whenever records are removed from the security of the records unit to some other office. When the concerned records are returned, the form is removed from file, the entry is lined out, and the form is stored for subsequent reuse. Complete the entry for each item as follows:

- Incident Number -- Enter the number assigned to the records to be removed.
- No. of Pages -- Self-explanatory.
- Officer -- Name of the officer accepting custody of records.
- Date Signed Out -- Enter the date in accordance with agency policy (e.g., 14 Dec 78 or 12/14/78).
- Purpose -- Indicate as court subpoena, city council, investigation, etc.
- Date Returned -- Enter the date in accordance with agency policy (e.g., 14 Dec 78 or 12/14/78).
- Clerk -- Name of the clerk accepting custody of records returned to the records unit.



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