

INCIDENT DATA	Agency Name Metro Police Department				INCIDENT/INVESTIGATION REPORT				OCA											
	ORI								Date / Time Reported Month Day Yr Time Hrs.		<input checked="" type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S									
	#1	Crime / Incident(s)			<input type="checkbox"/> Attempt <input type="checkbox"/> Complete		At Found Month Day Yr Time Hrs.		<input checked="" type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S		Last Known Secure Month Day Yr Time Hrs.		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S							
	#2	Crime Incident			<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete		Location of Incident				Offense Tract									
#3	Crime Incident			<input type="checkbox"/> Attempt <input type="checkbox"/> Complete		Premise Type				Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family										
MO	How Attacked or Committed						Forcible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Weapon / Tools Crowbar, Crowbar											
VICTIM	# of Victims	Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unk				Injury: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major				Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> N/A										
	V1	Victim/Business Name (Last, First, Middle)				Victim of Crime #		DOB / Age		Race		Sex		Relationship To Offender		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown				
	Home Address												Home Phone							
	Employer Name/Address												Business Phone							
	VYR		Make		Model		Style		Color		Lic/Lis		Vin							
OTHERS INVOLVED	CODES: V = Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)																			
	Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown																			
	Code		Name (Last, First, Middle)										Victim of Crime #		DOB / Age		Race		Sex	
	Home Address												Home Phone							
	Employer Name/Address												Business Phone							
	Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown																			
Code		Name (Last, First, Middle)										Victim of Crime #		DOB / Age		Race		Sex		
Home Address												Home Phone								
Employer Name/Address												Business Phone								
PROPERTY	Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)																			
	Victim #		DCI		Status		Value		OJ		QTY		Property Description				Make/Model		Serial Number	
							Laptop computer													
Number of Vehicles Stolen																Number of Vehicles Recovered				
ID	Officer Name				ID#		Officer Signature						Supervisor Signature							
STATUS	Complainant Signature						Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted				Case Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Juvenile/No Custody <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined						Page ____ of ____			
	Signed																			

# INCIDENT/INVESTIGATION REPORT

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OCA  
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Status Codes	L = Lost   S = Stolen   R = Recovered   D = Damaged   Z = Seized   B = Burned   C = Counterfeit / Forged   F = Found														
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<b>DRUGS</b>	DCI	Status	Quantity	Type Measure	Suspected Type					Check up to 3 types of activity for each					
										Possess	Buy	Sale	Mfg.	Importing	Operating

<b>OFFENDER</b>	Offender Used		<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> N/A		Age:   Race:   Sex:			Age:   Race:   Sex:			Age:   Race:   Sex:			<b>Primary Offender Resident Status</b> <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input checked="" type="checkbox"/> Unknown
	Alcohol/Drugs				Age:   Race:   Sex:			Age:   Race:   Sex:			Age:   Race:   Sex:			
	Computer				Age:   Race:   Sex:			Age:   Race:   Sex:			Age:   Race:   Sex:			
					Age:   Race:   Sex:			Age:   Race:   Sex:			Age:   Race:   Sex:			

<b>SUSPECT</b>	Name (Last, First, Middle)					Alias or Nickname					Home Address				
	Occupation					Business Address									
	DOB / Age			Race	Sex	Height	Weight	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses		
	Scars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)														
	Hat	Jacket	Shirt/Blouse	Tie/Scarf	Coat/Suit	Pants/Dress/Skirt	Socks	Shoes							
	Was Suspect Armed?	Type of Weapon				Direction of Travel				Mode of Travel					
	YVR	Make	Model	Style	Color	Lic/Lis	Vin								

<b>WITNESS</b>	Name (last, first, middle)					DOB / Age		Race	Sex	OCA	
	Home Address				Home Phone		Employer		Phone		

Suspect Hate / Bias Motivated:   Yes <input type="checkbox"/> No <input type="checkbox"/>										
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<b>NARRATIVE</b>	Narrative									
	On April 27, 2025, at approximately 22:31 hours, a burglary was reported.									
	Location of the incident was 1231 Main Street, Metro City.									
	Victim Robert James Johnson, 45, reported forced entry through the rear door.									
	The suspect(s) used a crowbar to enter the residence unlawfully.									
	Multiple items, including a MacBook Pro and a Samsung TV, were stolen.									
	Value of stolen items was estimated at \$2,000.00.									
	Last known secure time was recorded at 21:31 hours on the same day.									
	Witness John Robert Doe confirmed hearing noises around 22:00 hours.									
	Description of suspect: Male, approximately 30 years old, medium build.									
	Suspect was armed with a crowbar and had a tattoo on the right forearm.									
	The suspect was seen traveling south on foot following the incident.									
	Investigation revealed the case status listed as cleared due to offender's death.									
	A follow-up search was conducted but no further evidence was collected.									
	Victim's statement was documented and he provided a contact number.									
	No injuries were reported during the incident.									
	Evidence from the scene secured and submitted for analysis.									
	Neighbors were interviewed for additional information.									
Report was completed and submitted by Officer ID fd752d28-cff5-4f88-98b5.										
This incident will remain active pending further developments.										