

| <b>OFFENSE/INCIDENT REPORT</b>   |  |   |  |                      |                          |  |                       |                        |                                | 1. TYPE  |                 |               |
|--|--|---|--|----------------------|--------------------------|--|-----------------------|------------------------|--------------------------------|--|-----------------|---------------|
| INSTRUCTIONS ARE PRINTED SEPARATELY. IF ADDITIONAL SPACE IS NEEDED, USE REVERSE OF FORM; IDENTIFY ITEMS.   |  |   |  |                      |                          |  |                       |                        |                                | <input type="checkbox"/> a. ORIGINAL <input type="checkbox"/> b. CONTINUATION <input type="checkbox"/> c. SUPPLEMENT OR FOLLOWUP |                 |               |
| 2. CODE NO.  | 2a. SORT   | 3. TYPE OF OFFENSE OR INCIDENT<br><div style="border: 1px solid black; padding: 2px;">Homicide</div>            |  |                      |                          |  |                       | 4. CASE CONTROL NUMBER |                                |  |                 |               |
| 5. BUILDING NUMBER   |  | 6. ADDRESS  |  |                      |                          |  |                       |                        |                                |  |                 |               |
| 7. NAME OF AGENCY/BUREAU   |  | 8. AGENCY/BUREAU CODE   |  | 9. SPECIFIC LOCATION |                          |  |                       | 10. LOCATION CODE      |                                |  |                 |               |
| 11a. DATE OF OFFENSE/INCIDENT<br><div style="border: 1px solid black; padding: 2px;">13-1-2003</div>   |  |   | 11a. TIME OF OFFENSE/INCIDENT<br><div style="border: 1px solid black; padding: 2px;">18:39</div>                                       |                      |                          | 12. DAY  | 13a. DATE REPORTED    |                        | 13b. TIME REPORTED             |  | 14. DAY         |               |
| 15. JURISDICTION (X)<br><input type="checkbox"/> EXCLUSIVE <input type="checkbox"/> CONCURRENT <input type="checkbox"/> PARTIAL <input type="checkbox"/> PROPRIETARY |  |   |  |                      | 16. NO. OF DEMONSTRATORS |  | 17. NO. EVACUATED     |                        | a. TIME START                  | b. TIME END  |                 |               |
| VEDINVOLNSPERS18.  | ID CODE (a)  | NAME AND ADDRESS (b)  |  |                      |                          |  |                       | AGE (c)                | SEX (d)                        | RACE (e)   | INJURY CODE (f) | TELEPHONE (g) |
|  |  | Last Name, First, Middle Initial<br><div style="border: 1px solid black; padding: 2px;">Konzoni. I anesna</div> |  |                      |                          |  |                       |                        |                                |  |                 | HOME          |
|  |  | Number, Street, Apt. No., City and State<br><div style="border: 1px solid black; padding: 2px;"></div>          |  |                      |                          |  |                       |                        |                                |  | BUSINESS        |               |
|  |  | Last Name, First, Middle Initial<br><div style="border: 1px solid black; padding: 2px;"></div>                  |  |                      |                          |  |                       |                        |                                |  |                 | HOME          |
|  |  | Number, Street, Apt. No., City and State<br><div style="border: 1px solid black; padding: 2px;"></div>          |  |                      |                          |  |                       |                        |                                |  | BUSINESS        |               |
| 19. VEHICLE  | a. STATUS  |   | b. YEAR  | c. MAKE              |                          | d. MODEL   | e. COLOR (Top/Bottom) |                        | f. IDENTIFYING CHARACTERISTICS |  |                 |               |
|  | <input type="checkbox"/> STOLEN  | <input type="checkbox"/> SUSPECT  | g. REGISTRATION<br>▶   | YEAR                 | STATE                    | TAG NO.  | h. VIN                |                        | i. VALUE                       |  |                 |               |
|  | <input type="checkbox"/> GOV'T   | <input type="checkbox"/> PERSONAL   |  |                      |                          |  |                       |                        |                                |  |                 |               |
|  | <input type="checkbox"/> VANDALIZED  | <input type="checkbox"/> RECOVERED  |  |                      |                          |  |                       |                        |                                |  |                 |               |
| NEKATSMET0.2   | a. NAME OF ITEM  |   |  | b. QUANTITY          |                          | c. OWNERSHIP<br><input type="checkbox"/> GOV'T <input type="checkbox"/> PERSONAL |                       | d. BRAND NAME          |                                |  |                 |               |
|  | e. SERIAL NO.  |   |  | f. COLOR             |                          | g. MODEL   |                       |                        |                                |  |                 |               |
|  | h. VALUE   |   | i. UNUSUAL OR UNIQUE FEATURES  |                      |                          |  |                       |                        |                                |  |                 |               |
|  | j. PROPERTY WAS<br><input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED |   | k. STATUS OF PROPERTY<br><input type="checkbox"/> RECOVERED <input type="checkbox"/> MISSING <input type="checkbox"/> PARTIAL RECOVERY |                      |                          |  |                       | VALUE RECOVERED        |                                |  |                 |               |
|  | l. NAME OF ITEM  |   |  | m. QUANTITY          |                          | n. OWNERSHIP<br><input type="checkbox"/> GOV'T <input type="checkbox"/> PERSONAL |                       | o. BRAND NAME          |                                |  |                 |               |
|  | p. SERIAL NO.  |   |  | q. COLOR             |                          | r. MODEL   |                       |                        |                                |  |                 |               |
|  | s. VALUE   |   | t. UNUSUAL OR UNIQUE FEATURES  |                      |                          |  |                       |                        |                                |  |                 |               |
|  | u. PROPERTY WAS<br><input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED |   | v. STATUS OF PROPERTY<br><input type="checkbox"/> RECOVERED <input type="checkbox"/> MISSING <input type="checkbox"/> PARTIAL RECOVERY |                      |                          |  |                       | VALUE RECOVERED        |                                |  |                 |               |
| 21. NARRATIVE (If additional space is needed, use blank sheet and attach.)   |  |   |  |                      |                          |  |                       |                        |                                |  |                 |               |

## GENERAL SERVICES ADMINISTRATION

GSA FORM 3155 (REV. 3/200)

|   |   |  |  |  |                 |
|---|---|--|--|--|-----------------|
| 22. NOTIFICATION  | TIME  |  | 23a. EVIDENCE<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                | 23b. TAG NO.   | 23c. TYPE       |
|   | NOTIFIED  | ARRIVED  |  |  |                 |
| a. Other Police Agency  |   |  | 23d. WHERE STORED  |  |                 |
| b. Fire Department  |   |  | 24. ATTACHMENTS (Mark "X" where applicable)  |  |                 |
| c. Ambulance  |   |  | a. CONTINUATION SHEET  |  | d. STATEMENT(S) |
| d. Building Manager   |   |  | b. GSA FORM 3157   |  |                 |
| e. OTHER (Specify)  |   |  | c. PROPERTY RECEIPT(S)   |  | e. SUPPLEMENTAL |
| 25. SUSPECT STATUS  |   |  | 26. DISPOSITION OF SUSPECT   |  |                 |
| a. NOT IDENTIFIED   |   |  | a. ARRESTED  | b. NOT ARRESTED  |                 |
| b. GOVERNMENT EMPLOYEE  |   |  | c. RELEASED  | d. N/A   |                 |
| c. GOVERNMENT CONTRACT  |   |  | d. CITATION ISSUED   | CITATION NUMBER  |                 |
| d. NON-GOVERNMENT EMPLOYEE  |   |  |  |  |                 |
| e. N/A  |   |  |  |  |                 |
| <b>NOTE: Complete GSA Form 3157 where this is a Suspect, Att. Burglary, Burglary, Att. Robbery, Robbery, or a Weapon is used.</b> |   |  |  |  |                 |
| 27. TIME  |   | 28. REVIEWED BY  |  |  |                 |
| a. RECEIVED   | b. ARRIVED  | a. TYPE<br><input type="checkbox"/> FPS<br><input type="checkbox"/> GG | b. SIGNATURE   | d. DATE  |                 |
| c. RETURNED TO SERVICE  |   | c. NAME (Printed)  |  |  |                 |
| 29a. BADGE  | 29b. NAME (Printed)   |  | 29c. SIGNATURE   | 29d. DATE  |                 |
| 30. CASE REFERRED TO  |   |  | 31. CASE   | 32. APPROVING OFFICIAL   |                 |
| a. FPS DETECTIVE  | b. LOCAL POLICE   | c. STATE POLICE  | a. OPEN  | a. SIGNATURE   | b. DATE         |
| d. FBI  | e. IG   | f. N/A   | b. CLOSED  | c. NAME (Printed)  |                 |
| g. OTHER (Specify)  |   |  | c. UNFOUNDED   |  |                 |
| 33. DETECTIVE STATUS  |   |  |  |  |                 |
| a. CASE NUMBER  | b. HOW CLOSED<br><input type="checkbox"/> INACTIVE <input type="checkbox"/> ARREST <input type="checkbox"/> OTHER MEANS |  | c. SUSPECT<br><input type="checkbox"/> DEVELOPED <input type="checkbox"/> ARRESTED                       | d. ENTERED NCIC<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |                 |
| <input type="checkbox"/> e. PROPERTY RECOVERED  | f. VALUE OF PROPERTY  |  | g. CLEARED NCIC<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | h. REFERRED TO   |                 |
|   |   |  |  | i. DATE REFERRAL ACCEPTED  |                 |

21. NARRATIVE (If additional space is needed, use blank sheet and attach.)

