

| OFFENSE/INCIDENT REPORT | | | | | | | | | | 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 <div style="border: 1px solid black; padding: 2px;">Robbery</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 <div style="border: 1px solid black; padding: 2px;">1-7-2017</div> | | | 11a. TIME OF OFFENSE/INCIDENT <div style="border: 1px solid black; padding: 2px;">2:18</div> | | | 12. DAY | 13a. DATE REPORTED | | 13b. TIME REPORTED | | 14. DAY | |
| 15. JURISDICTION (X) <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 <div style="border: 1px solid black; padding: 2px;">Svler, Delisa</div> | | | | | | | | | | HOME |
| | | Number, Street, Apt. No., City and State <div style="border: 1px solid black; padding: 2px;"></div> | | | | | | | | | BUSINESS | |
| | | Last Name, First, Middle Initial <div style="border: 1px solid black; padding: 2px;"></div> | | | | | | | | | | HOME |
| | | Number, Street, Apt. No., City and State <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 | | | | | | | | | | |
| | <input type="checkbox"/> GOV'T | <input type="checkbox"/> PERSONAL | g. REGISTRATION | YEAR | STATE | TAG NO. | h. VIN | | i. VALUE | | | |
| | <input type="checkbox"/> VANDALIZED | <input type="checkbox"/> RECOVERED | | | | | | | | | | |
| NEKATSMET0.2 | a. NAME OF ITEM | | | b. QUANTITY | | c. OWNERSHIP <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 <input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED | | k. STATUS OF PROPERTY <input type="checkbox"/> RECOVERED <input type="checkbox"/> MISSING <input type="checkbox"/> PARTIAL RECOVERY | | | | | VALUE RECOVERED | | | | |
| | l. NAME OF ITEM | | | m. QUANTITY | | n. OWNERSHIP <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 <input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED | | v. STATUS OF PROPERTY <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 <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 |
| | | | f. OTHER ATTACHMENTS (Specify) | | |
| 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 | | | | | |
| NOTE: Complete GSA Form 3157 where this is a Suspect, Att. Burglary, Burglary, Att. Robbery, Robbery, or a Weapon is used. | | | | | |
| 27. TIME | | 28. REVIEWED BY | | | |
| a. RECEIVED | b. ARRIVED | a. TYPE <input type="checkbox"/> FPS <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 <input type="checkbox"/> INACTIVE <input type="checkbox"/> ARREST <input type="checkbox"/> OTHER MEANS | | c. SUSPECT <input type="checkbox"/> DEVELOPED <input type="checkbox"/> ARRESTED | d. ENTERED NCIC <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 <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.)

