

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;">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 <div style="border: 1px solid black; padding: 2px;">13-17-2006</div>			11a. TIME OF OFFENSE/INCIDENT <div style="border: 1px solid black; padding: 2px;">6:28</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;">Everiv. Chrystal</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	g. REGISTRATION	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 <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.)

