

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						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			11a. TIME OF OFFENSE/INCIDENT			12. DAY	13a. DATE REPORTED		13b. TIME REPORTED		14. DAY	
15. JURISDICTION (X)						16. NO. OF DEMONSTRATORS		17. NO. EVACUATED		a. TIME START		
<input type="checkbox"/> EXCLUSIVE <input type="checkbox"/> CONCURRENT <input type="checkbox"/> PARTIAL <input type="checkbox"/> PROPRIETARY												
VEDINVOLONSPERS18.	ID CODE (a)	NAME AND ADDRESS (b)						AGE (c)	SEX (d)	RACE (e)	INJURY CODE (f)	TELEPHONE (g)
		Last Name, First, Middle Initial										HOME
		Number, Street, Apt. No., City and State										BUSINESS
		Last Name, First, Middle Initial										HOME
		Number, Street, Apt. No., City and State										BUSINESS
19. VEHICLE	a. STATUS		b. YEAR	c. MAKE		d. MODEL	e. COLOR (Top/Bottom)		f. IDENTIFYING CHARACTERISTICS			
	STOLEN	SUSPECT	g. REGISTRATION	YEAR	STATE	TAG NO.	h. VIN		i. VALUE			
	GOV'T	PERSONAL										
	VANDALIZED	RECOVERED										
NEKATSMET02	a. NAME OF ITEM				b. QUANTITY	c. OWNERSHIP		d. BRAND NAME				
						<input type="checkbox"/> GOV'T <input type="checkbox"/> PERSONAL						
	e. SERIAL NO.				f. COLOR		g. MODEL					
	h. VALUE		i. UNUSUAL OR UNIQUE FEATURES									
	j. PROPERTY WAS		k. STATUS OF PROPERTY						VALUE RECOVERED			
	<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED		<input type="checkbox"/> RECOVERED <input type="checkbox"/> MISSING <input type="checkbox"/> PARTIAL RECOVERY									
	l. NAME OF ITEM				m. QUANTITY	n. OWNERSHIP		o. BRAND NAME				
						<input type="checkbox"/> GOV'T <input type="checkbox"/> PERSONAL						
	p. SERIAL NO.				q. COLOR		r. MODEL					
	s. VALUE		t. UNUSUAL OR UNIQUE FEATURES									
u. PROPERTY WAS		v. STATUS OF PROPERTY						VALUE RECOVERED				
<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED		<input type="checkbox"/> RECOVERED <input type="checkbox"/> MISSING <input type="checkbox"/> PARTIAL RECOVERY										

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)	
				b. GSA FORM 3157			
				c. PROPERTY RECEIPT(S)		e. SUPPLEMENTAL	
d. Building Manager				f. OTHER ATTACHMENTS (Specify)			
e. OTHER (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						CITATION NUMBER	
d. NON-GOVERNMENT EMPLOYEE				d. CITATION ISSUED			
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. SIGNATURE	b. DATE	
d. FBI	e. IG	f. N/A			a. OPEN		
g. OTHER (Specify)					b. CLOSED	c. NAME (Printed)	
					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.)

