



Data Dictionary								
TABLE NAME	ATTRIBUTE NAME	CONTENTS	TYPE	FORMAT	RANGE	REQUIRED	PK OR FK	FK REFERENCED TABLE
OWNER	OWNER_ID FULLNAME ADDRESS PHONE_NO EMAIL	Owner identification Owner full name Owner address Owner Phone number Owner email address	NUMBER(10) VCHAR(40) VCHAR(50) VCHAR(12) VCHAR(40)	99999 Xxxxxxx Xxxxx Xxxxxx 09xxxxxxx xxxxx@example.com	10000-99999 A-Z, 1-9 A-Z, 1-9 A-Z, 1-9 A-Z, 1-9	Y	PK	
VEHICLE	VIN OWNER_ID DEPT_ID TOW_ID LICENSE_NO MODEL COLOR	Vehicle Identification number Owner Identification Department identification Tow identification License number Vehicle model Vehicle Color	VCHAR(20) NUMBER(10) NUMBER(10) NUMBER(10) VCHAR(15) VCHAR(30) VCHAR(15)	Xxxxxxxxx 99999 99999 99999 Xxxxxx Xxxxx Xxxxxx	A-Z, 1-9 10000-99999 10000-99999 10000-99999 A-Z, 1-9 A-Z, 1-9 A-Z, 1-9	Y Y Y	PK FK FK FK	OWNER DEPARTMENT TOW_CREW
VIO_LOG	VIN VIO_ID LOG_NO	Vehicle Identification number Violation Identification Log number	VCHAR(20) NUMBER(10) NUMBER(10)	Xxxxxxxxx 99999 99999	A-Z, 1-9 10000-99999 10000-99999	Y Y	PK,FK PK,FK	VEHICLE VIOLATION
VIOLATION	VIO_ID DESCRIPTION PENALTY_FEE REQUIREMENT	Violation Identification Violation Description Penalty fee Additional requirements	NUMBER(10) VCHAR(50) DECIMAL(10,2) VCHAR(50)	99999 Xxxxxxx 99.99 Xxxxxxx	10000-99999 A-Z, 1-9 1000.00-9999.99 A-Z, 1-9	Y	PK	
IMPOUND_REPORT	VIN IDNUM TOWED_LOCATION STORED_LOCATION DATE DAMAGES	Vehicle Identification number Police Id number Tow location Stored location Date impounded Vehicle Damages	VCHAR(20) VCHAR(20) VCHAR(40) VCHAR(40) DATE VCHAR(80)	Xxxxxxx Xxxxxx Xxxxxxx Xxxxxx Mm/dd/yyyy Xxxxxxxx	A-Z, 1-9 A-Z, 1-9 A-Z, 1-9 A-Z, 1-9 A-Z, 1-9 A-Z, 1-9	Y Y	PK,FK FK	VEHICLE POLICE_OFFICER
POLICE_OFFICER	IDNUM DEPT_ID FULLNAME RANK	Police Id number Department Identification Police officer's name Police officer's rank	VCHAR(20) NUMBER(10) VCHAR(50) VCHAR(20)	Xxxxxxx 99999 Xxxxxx Xxxxxx	A-Z, 1-9 10000-99999 A-Z, 1-9 A-Z, 1-9	Y Y	PK FK	DEPARTMENT
TOW_CREW	TOW_ID DEPT_ID REPRESENTATIVE ADDRESS	Towing Identification Department Identification Crew Representative Address of operations	NUMBER(10) NUMBER(10) VCHAR(50) VCHAR(40)	99999 99999 Xxxxxxx Xxxxxxx	10000-99999 10000-99999 A-Z, 1-9 A-Z, 1-9	Y Y	PK FK	DEPARTMENT

DEPARTMENT	DEPT_ID DEPT_NAME DISTRICT DEPT_HEAD	Department Identification Department name Area of Jurisdiction Lead officer of the department	NUMBER(10) VCHAR(20) VCHAR(30) VCHAR(50)	99999 Xxxxxx Xxxxxx Xxxxxx	10000-99999 A-Z, 1-9 A-Z, 1-9 A-Z, 1-9	Y	PK	
RELEASE	VIN DEPT_ID AMOUNT DATE REP_NAME REP_SIGNATURE	Vehicle Identification number Department Identification Amount paid Date released Representative name Representative Signature	VCHAR(20) NUMBER(10) DECIMAL(10,2) DATE VCHAR(50) IMAGE	Xxxxxx 99999 99.99 Mm/dd/yyyy Xxxxxx	A-Z, 1-9 10000-99999 1000.00-9999.99  A-Z, 1-9	Y Y	PK FK	DEPARTMENT