

OFFENSE/INCIDENT REPORT INSTRUCTIONS ARE PRINTED SEPARATELY. IF ADDITIONAL SPACE IS NEEDED, USE REVERSE OF FORM; IDENTIFY ITEMS.					1. TYPE <input type="checkbox"/> a. ORIGINAL SUPPLEMENT <input type="checkbox"/> b. CONTINUATION <input type="checkbox"/> c. FOLLOWUP OR				
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) <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
18. PERSONS INVOLVED	ID CODE	NAME AND ADDRESS (b)			AGE (c)	SEX (d)	RACE (e)	INJURY CODE	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		YEAR	STATE	h. VIN			i. VALUE
	GOV'T	PERSONAL							
	VANDALIZED	RECOVERED	g. REGISTRATION						
20. ITEMS TAKEN	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				v. STATUS OF PROPERTY				VALUE RECOVERED

<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED	<input type="checkbox"/> RECOVERED RECOVERY	<input type="checkbox"/> MISSING <input type="checkbox"/> PARTIAL
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21. NARRATIVE (If additional space is needed, use blank sheet and attach.)

GENERAL SERVICES ADMINISTRATION	GSA FORM 3155 (REV. 3/200)
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22. NOTIFICATION	TIME		23a. EVIDENCE	23b. TAG NO.	23c. TYPE
	NOTIFIED	ARRIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO		
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		e. SUPPLEMENTAL
d. Building Manager			c. PROPERTY RECEIPT(S)		
e. OTHER (Specify)			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	b. SIGNATURE	d. DATE	
c. RETURNED TO SERVICE		<input type="checkbox"/> FPS <input type="checkbox"/> GG	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		c. SUSPECT	d. ENTERED NCIC	
	<input type="checkbox"/> INACTIVE <input type="checkbox"/> ARREST <input type="checkbox"/> OTHER MEANS		<input type="checkbox"/> DEVELOPED <input type="checkbox"/> ARRESTED	<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	h. REFERRED TO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	i. DATE REFERRAL ACCEPTED	

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