

ADMINISTRATIVE

1. ORI # TNO 450000		LOCATION					
2. INCIDENT #		REPORTING OFFICER		BADGE #		ID #	
REPORT TYPE <input type="checkbox"/> INITIAL REPORT <input type="checkbox"/> SUPPLEMENT	SUPPLEMENTS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT OCCURRENCE RANGE	5 DATE From _____ To _____	6 TIME From _____ To _____	DAY OF WEEK From _____ To _____	TODAY'S DATE	ZONE _____ GRID _____
INCIDENT STATUS <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> CLEARED EXCEPTIONALLY	3 EXCEPTIONAL CLEARANCE DATE _____			4. TIME DISPATCHED			
	A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DECLINED			D <input type="checkbox"/> REFUSED TO COOPERATE E <input type="checkbox"/> JUVENILE NO CUSTODY N <input type="checkbox"/> NOT APPLICABLE			
				ARRIVAL TIME			
				TIME CLEAR			

FOLLOW - UP STATUS

<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	<input type="checkbox"/> UNFOUND <input type="checkbox"/> CLOSED	CASE PRIORITY	DATE DUE	ASSIGNED TO	AUTHORITY	DATE
--	---	---------------	----------	-------------	-----------	------

OFFENSE

7 UCR OFFENSE CODE	OFFENSE	RELATED OFFENSE	OFFENSE RELATED TO TCA # WARRANT #	TCA
1				
2				
8(*) BIAS MOTIVATION CODE 1(_____) (SUBMIT CODE ONLY 2(_____) )	9(*) LOCATION OF OFFENSE 1(_____) (SUBMIT CODE ONLY 2(_____) )	10(*) TYPE OF RESIDENCE 1(_____) 2(_____) )		
11 OFFENSE STATUS 1 A <input type="checkbox"/> ATTEMPTED C <input type="checkbox"/> COMPLETED 2 A <input type="checkbox"/> ATTEMPTED C <input type="checkbox"/> COMPLETED	12 OFFENDER USED (CHECK AS MANY AS APPLY) 1 A <input type="checkbox"/> ALCOHOL C <input type="checkbox"/> COMPUTER EQUIPMENT D <input type="checkbox"/> DRUGS N <input type="checkbox"/> NOT APPLICABLE 2 A <input type="checkbox"/> ALCOHOL C <input type="checkbox"/> COMPUTER EQUIPMENT D <input type="checkbox"/> DRUGS N <input type="checkbox"/> NOT APPLICABLE			
13 (*) TYPE OF CRIMINAL ACTIVITY 1 _____ 2 _____	14 (*) WHERE WERE THE ACTS INVOLVED? 1 _____ 2 _____	WAS THERE A 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO HOSTAGE INVOLVED 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		
15 (*) ALARM WAS 1 _____ 2 _____	16 (*) POINT OF ENTRY? 1 _____ 2 _____	17 (*) EVIDENCE AT SCENE 1 _____ 2 _____		
18 (*) TYPE OF WEAPON / FORCE INVOLVED (SUBMIT UP TO THREE) 1 _____ 2 _____	19 (*) INSTRUMENTS USED 1 _____ 2 _____			
20 (FOR BURGLARY ONLY) METHOD OF ENTRY 1 F <input type="checkbox"/> FORCIBLE N <input type="checkbox"/> NO FORCE 2 F <input type="checkbox"/> FORCIBLE N <input type="checkbox"/> NO FORCE	21 NUMBER OF PREMISED ENTERED 1 _____ 2 _____			

COMPLAINT / WITNESS

<input type="checkbox"/> VICTIM	NAME: _____ LAST, FIRST, MIDDLE	RESIDENCE PHONE _____	DOB _____
	ADDRESS _____	BUSINESS PHONE _____	SSN# _____
	DL# _____ SEX _____ HAIR _____ EYES _____ HEIGHT _____ WEIGHT _____		
<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> WITNESS <input type="checkbox"/> OFFICER	NAME: _____ LAST, FIRST, MIDDLE	RESIDENCE PHONE _____	DOB _____
	ADDRESS _____	BUSINESS PHONE _____	SSN# _____
	DL# _____ SEX _____ HAIR _____ EYES _____ HEIGHT _____ WEIGHT _____		
<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> WITNESS <input type="checkbox"/> OFFICER	NAME: _____ LAST, FIRST, MIDDLE	RESIDENCE PHONE _____	DOB _____
	ADDRESS _____	BUSINESS PHONE _____	SSN# _____
	DL# _____ SEX _____ HAIR _____ EYES _____ HEIGHT _____ WEIGHT _____		

VICTIM

22 OFFENSE(S) AGAINST VICTIM (UCR CODE(S))		VICTIM #1 NAME (LAST, FIRST, MIDDLE)		(H) PHONE		<input type="checkbox"/> STATEMENT								
ADDRESS (STREET, CITY, STATE, ZIP)														
23 (*) TYPE OF VICTIM		EMPLOYMENT		WORKPHONE		DATE OF BIRTH								
		50 AGE		SS#										
24 OFFENSE(S) AGAINST VICTIM (UCR CODE(S))		VICTIM #2 NAME (LAST, FIRST, MIDDLE)		(H) PHONE		<input type="checkbox"/> STATEMENT								
ADDRESS (STREET, CITY, STATE, ZIP)														
23 (*) TYPE OF VICTIM		EMPLOYMENT		WORKPHONE		DATE OF BIRTH								
		50 AGE		SS#										
24 SEX	1	2	26 HISPANIC	1	2	27 RESIDENT	1	2	28 WAS THE VICTIM AN OFFICER	1	2	28 IS THE VICTIM A COLLEGE STUDENT	1	2
25 (*) RACE			NON-HISPANIC			NON-RESIDENT			YES			YES	YES	YES
			UNKNOWN			UNKNOWN			NO			NO	NO	NO
29 (*) INJURY TYPE (SUBMIT UP TO 5)			1 AGGRAVATED ASSAULT / HOMICIDE 2 NEGLIGENT 3 JUSTIFIABLE HOMICIDE & ADDITIONAL JUSTIFIABLE HOMICIDE IF APPLICABLE			31 IF YES ON #28, LIST NAME OF COLLEGE/UNIVERSITY/SCHOOL			IF COLLEGE:					
			30-A(*) AGGRAVATED ASSAULT / HOMICIDE CIRCUMSTANCES			#1 _____			STUDENT <input type="checkbox"/>					
			#2 _____			#2 _____			FACULTY/STAFF <input type="checkbox"/>					
IS THE VICTIM ALSO THE COMPLAINANT			30-B(*) NEGLIGENT MANSLAUGHTER (SUBMIT ONE)						SECURITY <input type="checkbox"/>					
YES			#1 _____ #2 _____						OTHER <input type="checkbox"/>					
NO			4 JUSTIFIABLE HOMICIDE (SUBMIT ONE)											
32 DID THE OFFENSE OCCUR ON CAMPUS			30 C CRIMINAL KILLED BY PRIVATE CITIZEN											
YES			#1 _____											
NO			30 D CRIMINAL KILLED BY POLICE OFFICER											
33 DOMESTIC VIOLENCE			#2 _____											
YES														
NO														

LEOKA

35 TIME OF ASSAULT	36 (*) TYPE OF VEHICLE	37(*) OFFICER ON ASSIGNMENT	38 TYPE OF LEOKA
--------------------	------------------------	-----------------------------	------------------

SUSPECT INFORMATION # OF OFFENDERS

OFFENDER#	ARREST #	ARRESTED YES	41 TYPE	SUBJECT WAS ARMED WITH (ALSO ENTER "A" IF AUTOMATIC WEAPON)
40 NAME (LAST)	(FIRST)	(MIDDLE)	AKA	
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)				
HM	TEL#	WK	TEL#	
SEX	RACE	DOB	ETHNICITY	RESIDENT STATUS
HAIR	EYES	AGE	WEIGHT	HEIGHT FT IN
SCARS AND OTHER IDENTITIES			CLOTHING	
SS#	OLN#	ST	PHOTO#	OTHER
OFFENDER#	ARREST #	ARRESTED YES	41 TYPE	SUBJECT WAS ARMED WITH (ALSO ENTER "A" IF AUTOMATIC WEAPON)
40 NAME (LAST)	(FIRST)	(MIDDLE)	AKA	
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)				
HM	TEL#	WK	TEL#	
SEX	RACE	DOB	ETHNICITY	RESIDENT STATUS
HAIR	EYES	AGE	WEIGHT	HEIGHT FT IN
SCARS AND OTHER IDENTITIES			CLOTHING	
SS#	OLN#	ST	PHOTO#	OTHER

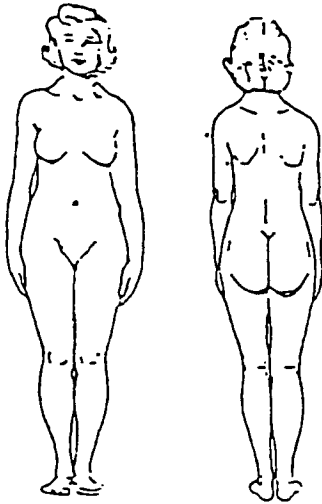
\* SEE CODE LIST



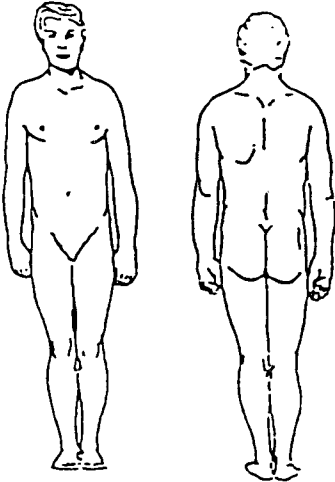
# DOMESTIC VIOLENCE CHECK LIST AND BODY DIAGRAM

Identify all sites of injuries and complaints of pain

- Victim
- Suspect



- Victim
- Suspect



- Victim's rights sheet given to victim.
  - Any and all weapons used in domestic violence assaults which are confiscated T.C.A. 36-3-620
- List confiscated weapons brief description:

---



---



---

- Arrest made by officer.
- Bond Release Notification filed.
- Private Prosecutor

### Court Preparation

- Written and signed statement taken from suspect.
- Written and signed statement taken from victim.
- Written and signed statement taken from witnesses.
- Photographs taken of victim.
- Photographs taken of property damage.

### Assistance requested from Victim/Witness Coordinator

- Photographs of victim 24-48 hours after assault.
  - E-911 tape of initial call.
  - Witness subpoenas
  - Victim subpoenas
- List subpoenas needed (name and address)

---



---

- Number of prior calls to this address.
- Victim needs referral to a shelter.

## SOLVABILITY FACTOR •• REPORTING OFFICER SHALL COMPLETE ••

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARREST MADE                   | <input type="checkbox"/> WITNESS TO CRIME                               | <input type="checkbox"/> SIGNIFICANT M. O (ADDRESS IN NARRATIVE) |
| <input type="checkbox"/> SUPPLEMENT(S) ATTACHED        | <input type="checkbox"/> SUSPECT NAMED                                  | <input type="checkbox"/> SUSPECT DESCRIBED                       |
| <input type="checkbox"/> SIGNIFICANT PHYSICAL EVIDENCE | <input type="checkbox"/> SUSPECT CAN BE LOCATED                         | <input type="checkbox"/> SUSPECT VEHICLE DESCRIBED               |
| <input type="checkbox"/> SUSPECT CAN BE IDENTIFIED     | <input type="checkbox"/> CAN CRIME BE SOLVED WITH REASONABLE FOLLOW-UP? |  |
| <input type="checkbox"/> CRIME SCENE PROCESSED         | <input type="checkbox"/> PATROL INVESTIGATION CONTINUING?               |  |

## ADMONITION

THE INFORMATION CONTAINED IN THIS INCIDENT REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IT SHALL BE UNLAWFUL FOR ANY PERSON TO REPORT TO A LAW ENFORCEMENT OFFICER AN OFFENSE OR INCIDENT WITHIN THE OFFICER'S CONCERN, KNOWING THAT THE OFFENSE OR INCIDENT DID NOT OCCUR, OR KNOWING THE PERSON REPORTING HAS NO INFORMATION RELATING TO THE OFFENSE OR INCIDENT, OR KNOWING THE INFORMATION RELATING TO THE OFFENSE OF INCIDENT IS FALSE. (T.C.A. 39-16-502)

VIOLATION OF THIS SECTION SHALL BE A CLASS A MISDEMEANOR, WHICH CARRIES A JAIL SENTENCE OF NOT GREATER THAN 11 MONTHS AND 29 DAYS, A FINE NOT TO EXCEED \$2,500.00 OR BOTH.

COMPLAINT / VICTIM: \_\_\_\_\_

DATE AND TIME \_\_\_\_\_

REPORTING OFFICER \_\_\_\_\_ ID# \_\_\_\_\_ APPROVING SUPERVISOR \_\_\_\_\_ ID# \_\_\_\_\_