

Agency 1		ORI NY 2		New York State DOMESTIC INCIDENT REPORT		SPRINT No. (NYPD) 3		Incident Report No. 4		Pct. Of Report 5			
Date of Report 6		Time of Report 7		Date of Occur 8		Time of Occur 9		Address of Occurrence 10			Apt. No. 10A	Sector 5A	Beat 5B
Compl./Victim's Last, First, M.I. 11						Address 12						Sex 13	
Date of Birth 14		Age 15		Home Telephone 16		Race: 17 <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown				Ethnic Origin: 18 <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown			
Offender/Other Party Last, First, M.I. 19						Address 20						Sex 21	
Date of Birth 22		Age 23		Home Telephone 24		Race: 25 <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown				Ethnic Origin: 26 <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown			
Relationship to the Complainant/Victim 27				Offender Present? 28 <input type="checkbox"/> Yes <input type="checkbox"/> No		Offense/Incident Involved: 29 <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Viol <input type="checkbox"/> Other		Description 29A					
Order of Protection? 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		Violated? 30A <input type="checkbox"/> Yes <input type="checkbox"/> No		Issuing Court 30B		OP Registry Checked 31 <input type="checkbox"/> Yes <input type="checkbox"/> No		Expir. Date 30C		Complainant Report Prepared? 32 <input type="checkbox"/> Yes <input type="checkbox"/> No		Compl. No. 32A	Report Received: 32B <input type="checkbox"/> Walk-in <input type="checkbox"/> Radio Run
Any Weapons Used/Threatened? Type: 33 <input type="checkbox"/> Yes <input type="checkbox"/> No				Any Injuries? Describe: 34 <input type="checkbox"/> Yes <input type="checkbox"/> No				Aided No. 35		Removed to Hospital? What Hospital? 36 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Photos 37 <input type="checkbox"/> Yes <input type="checkbox"/> No		Arrest Made? 38 <input type="checkbox"/> Yes <input type="checkbox"/> No		Non Arrest Reason 38A <input type="checkbox"/> No Offense Committed <input type="checkbox"/> Not at Scene <input type="checkbox"/> Warrant Requested <input type="checkbox"/> Other						If Arrest Made, Did Perp. Resist? 38B <input type="checkbox"/> Yes <input type="checkbox"/> No			
Charges(s). List All: 38C											Arrest No. 38D		
Family/Household Members Present? If YES, Last Name, First 39 <input type="checkbox"/> Yes <input type="checkbox"/> No						Date of Birth 39B		Relationship 39C					
Domestic Incident Report Receipt Issued? If NO, Reason: 40 <input type="checkbox"/> Yes <input type="checkbox"/> No								DV Notice Issued to Victim 41 <input type="checkbox"/> Yes <input type="checkbox"/> No		Date 41A			
Circumstances of This Case 42 <input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forcible Restraint <input type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Injury to Child <input type="checkbox"/> Kicking <input type="checkbox"/> Pulling Phones From Wall <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Pushing/Slamming Into Walls <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Slapping <input type="checkbox"/> Threats With Weapon(s) <input type="checkbox"/> Throwing Items <input type="checkbox"/> Using Weapon(s) <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Other													
Narrative of the Incident: (Include results of investigation and basis for action taken) 43  43													
Victim's Statement of Allegations: 44  44													
False Statements are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law.						Victim's Signature 45			Date 45A				
Other Involved Agency(s) 46													
Is there Reasonable Cause to Suspect A Child May Be the Victim of Abuse, Neglect or Maltreatment? 48 <input type="checkbox"/> Yes <input type="checkbox"/> No						Any Guns in the House? 47 <input type="checkbox"/> Yes <input type="checkbox"/> No		Any Guns Seized? 47A <input type="checkbox"/> Yes <input type="checkbox"/> No		Household Member Have a Pistol Permit? 47B <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit Seized? 47C <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Reporting Officer must Contact the NYS Child Abuse Hotline Registry #1-800-635-1522						Permit No: 47D		Issuing County: 47E		Name 47F			
REFERRALS: <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Licensing Bureau 49				Name of Person Notified: 49A				Date 49A		Time: 49B		Notified By: 49C	
Reporting Officer's Signature (Include Rank) 50						Officer I.D. No. 50A		Date 50B		Page 51 Of Pages			
Supervisor's Signature (Include Rank) 52						Date 52A							

# DOMESTIC INCIDENT REPORT (DIR) COMPLETION INSTRUCTIONS

Revised 03/15/99

Please use BLOCK LETTERS and print neatly, using sufficient pressure to make legible copies of the 4-part form.

- 1) Enter Agency name including station (ie: SP Herkimer).
- 2) Enter the Agency's ORI (all seven numeric digits).
- 3) 911 dispatch #, if any.
- 4) Blotter entry of original complaint.
- 5) 5 digit NYSPIN location code-CTV-of occurrence (ie:D2753).
- 5A) Troop and Zone.
- 5B) Station code.
- 6) Date incident was reported.
- 7) Time incident was reported (non-military--A.M. or P.M.)
- 8) Date of occurrence.
- 9) Time of occurrence (non-military--A.M. or P.M.)
- 10) Full address of occurrence (street or road address--do not use a box # only. Include the name of the city, town or village.)
- 10A) Apt. # if any.
- 11) Name of Complainant (C-1)--last, first, M.I.
- 12) C-1's Address-include street name. If same as #10, enter SAME.
- 13) C-1's sex.
- 14) C-1's date of birth.
- 15) C-1's age.
- 16) C-1's phone # or NONE.
- 17) Check one box for C-1's race.
- 18) Check one box for C-1's ethnic origin.
- 19) Offender/Other Party's name--last, first, M.I.
- 20) " Address-include street name. If same as #10, enter SAME.
- 21) Offender/Other Party's sex.
- 22) " " date of birth.
- 23) " " age.
- 24) " " phone # , or NONE.
- 25) Check one box for race.
- 26) Check one box for ethnic origin.
- 27) Relationship of Offender/Other Party to C-1 (ie: SON).
- 28) Check the correct box.
- 29) Check one box for the most serious offense. If no offense is involved, do not check any box.
- 29A) Brief description of incident, and also the Law, section, and subsection if an offense occurred. If no offense took place, enter NCI and a brief description. (IE: ASSAULT 3RD - PL 120.00-1; NCI - VERBAL ARGUMENT).
- 30) Check "Yes" if C-1 has a valid Order of Protection against the Offender, whether or not it was violated. Otherwise check "no".
- 30A) Leave blank if Box #30 was checked "no". If Box #30 was checked "yes", indicate if the Order was violated.
- 30B) If Box #30 was "yes", list the Court's name.
- 30C) If Box #30 was "yes", list the expiration date.
- 31) Indicate whether or not an OINQ was requested.
- 32) Check "yes" if a Genl. 84 was or will be prepared.
- 32A) Not used by SP.
- 33) Check whether or not a weapon was used or threatened.
- 33A) If Box #33 was "yes", list the type of weapon.
- 34) Check if any injuries resulted from the incident. Provide information as to who was injured in the Narrative.
- 34A) If #34 was "yes", describe the injuries.
- 35) If you provide medical aid, list the number assisted.
- 36) If any party was removed to a hospital, check "yes".  
Provide information as to who was treated in the Narrative.
- 36A) List the hospital name if applicable.
- 37) Indicated whether or not any photographs were taken.
- 38) Check whether or not an arrest was made.
- 38A) Check the applicable box(es). "Other" requires explanation in the Narrative (ie: C-1 REQUESTS NO ARREST BE MADE; LACK OF PROBABLE CAUSE AT THIS TIME, etc.) "Not at Scene" requires that the follow up action be documented (ie: CRIMINAL SUMMONS REQUESTED; TOT BCI; C-TOUR TO CONTINUE INVESTIGATION.)
- 38B) If an arrest was made, check whether or not it was resisted.
- 38C) If charges were commenced in court, list all including Law, section, and subsection.
- 38D) If an arrest was made for a finger printable offense, list the Defendant's ID # (ie:1234G121).
- 39) Indicate whether or not other household members were present.
- 39A) If #39 was "yes", provide names--last, first, M.I.
- 39B) " , provide dates of birth.
- 39C) Clarify the relationship of those persons present to those involved in the incident.
- 40) Indicate if the pink DIR copy was provided to C-1.
- 40A) If the pink copy was not issued, explain why.
- 41) Indicate if the goldenrod copy (Victim's Rights Notice) was given to C-1. (Note: By law, a Police Officer must issue this copy at the scene.)
- 41A) List the date the goldenrod copy was provided.
- 42) Check all that apply. Explain "Other" in the Narrative.
- 43) Briefly summarize the results of your investigation and the basis for the action taken. Include required information that cannot be easily entered elsewhere on the form. Complete this box after taking the Victim's Statement. If alcohol/drugs were involved, include this info. Witnesses should be listed in this box, including child witnesses.
- 44) This should be completed in the same manner as a Supporting Deposition, in the first person style, in the words of C-1. If the statement is too long to fit in the allotted space, or continues ues beyond the space provided, a Genl. 4 may be attached. If refused, enter "REFUSED."
- 45) Obtain signature or enter "REFUSED" if C-1 will not sign. If C-1 cannot sign (for example, due to injury) include the specifics in the Narrative.
- 45A) Have C-1 date the form after signing.
- 46) List other involved agencies-Fire, Police, EMS, Govt., etc.)
- 47) Indicate if any party possesses guns, including long guns.
- 47A) Yes or no--did any gun seizures result from the incident?
- 47B) Check yes or no--does any household member, present or not, possess a pistol permit?
- 47C) If 47B was "yes" indicate if any permit was seized.
- 47D) If 47B was "yes" enter the Permit #.
- 47E) If 47B was "yes" enter the name of the issuing County.
- 47F) If 47B was "yes" list the name of the permit holder.
- 48) Check whether or not child abuse is suspected. Explain in the Narrative and include notifications in Box 49 if "yes".
- 49) List referrals made--check agency type and include name.
- 49A) Date of referral.
- 49B) Time of referral.
- 49C) Person making the referral.
- 50) Print your name and sign. Include rank.
- 50A) Enter your shield #.
- 50B) Enter date the DIR was completed. Every effort should be
- 51) Indicate what page the DIR is of the total # of pages. Genl.
- 52) Leave blank for Supervisor's name, signature and rank.
- 52A) Leave blank for Supervisor's completion.