

# VICTIM SUPPLEMENT

page \_\_\_\_\_ of \_\_\_\_\_

<b>AGENCY NAME</b>				<b>ORI #</b>		<b>0 K 0</b>		<b>CASE NUMBER</b>	
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VICTIM

NO.	VICTIM (LAST, FIRST, MIDDLE)	RACE W B I A	ETHNICITY HISP NON	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
ADDRESS		CITY/STATE/ZIP				RES. R STATUS N		PHONE		
BUS. ADDRESS		CITY/STATE/ZIP				MARITAL STATUS		BUS. PHONE		
DR. LIC. #		SSN		TYPE OF VICTIM		<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> RELIGIOUS ORG. <input type="checkbox"/> OTHER <input type="checkbox"/> BUSINESS <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SOCIETY/PUBLIC <input type="checkbox"/> UNKNOWN				
<b>TYPE OF INJURY</b> APPLIES ONLY TO OFFENSES LISTED BELOW KIDNAPPING/ABDUCTION   ROBBERY FORCIBLE RAPE   AGGRAVATED ASSAULT FORCIBLE SODOMY   SIMPLE ASSAULT SEXUAL ASSAULT, WITH AN OBJECT   EXTORTION/BLACKMAIL FORCIBLE FONDLING   LOCATION OF INJURY _____				CHECK UP TO 5 OF THE FOLLOWING <input type="checkbox"/> N - NONE <input type="checkbox"/> M - APPARENT MINOR INJURY <input type="checkbox"/> B - APPARENT BROKEN BONES <input type="checkbox"/> O - OTHER MAJOR INJURY <input type="checkbox"/> I - POSSIBLE INTERNAL INJURIES <input type="checkbox"/> T - LOSS OF TEETH <input type="checkbox"/> L - SEVERE LACERATIONS <input type="checkbox"/> U - UNCONSCIOUSNESS						
RELATIONSHIP OF VICTIM TO OFFENDER(S)		OFFENDER # CODE #	OFFENDER # CODE #	OFFENDER # CODE #	VICTIM OF OFFENSE #		OSBI # FBI #			

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RELATIONSHIP OF VICTIM TO OFFENDER(S)		OFFENDER # CODE #	OFFENDER # CODE #	OFFENDER # CODE #	VICTIM OF OFFENSE #		OSBI # FBI #			

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RELATIONSHIP OF VICTIM TO OFFENDER(S)		OFFENDER # CODE #	OFFENDER # CODE #	OFFENDER # CODE #	VICTIM OF OFFENSE #		OSBI # FBI #			

# SUSPECT/WITNESS SUPPLEMENT

page \_\_\_\_\_ of \_\_\_\_\_

AGENCY NAME										ORI #										CASE NUMBER																
<b>SUSPECT / ARRESTEE</b>	NO.		CODES:		A - ARREST R - RUNAWAY					S - SUSPECT M - MISSING					I - INSTITUTIONAL (MENTAL DETOX)					X - OTHER																
	NAME (LAST, FIRST, MIDDLE)										RACE		ETHNICITY		SEX		DOB		AGE		HGT		WGT		HAIR		EYES									
											W		B		I		A		HISP		NON															
	ALIAS NAME										IDENTIFIERS										MARITAL STATUS					RES. STATUS										
	STREET ADDRESS										CITY/STATE/ZIP										PHONE															
	EMPLOYMENT/OCCUPATION/SCHOOL										BUSINESS PHONE					GANG/TRIBE/AFFIL.					SSN					DL #/STATE										
	BOOKED / WHERE					BOOKING #					UCR ARREST OFFENSE CODE					TYPE OF ARREST		CHARGES										OSBI #								
	ARREST DATE					LOCATION OF ARREST										O		S		T												FBI #				
	FINGERPRINT CARD #					CITED Y N		CITATION/WARRANT NO (S)					BAIL					LOCAL ID#					WEAPON CODE(S)					MULTI CLEARANCE M C N								
	JUV. PARENT/ GDN. NOTIFIED					Y N		NAME/RELATIONSHIP OF PERSON NOTIFIED										DATE/TIME NOTIFIED					NOTIFIED BY					DISP JUV H R								
<b>SUSPECT / ARRESTEE</b>	NO.		CODES:		A - ARREST R - RUNAWAY					S - SUSPECT M - MISSING					I - INSTITUTIONAL (MENTAL DETOX)					X - OTHER																
	NAME (LAST, FIRST, MIDDLE)										RACE		ETHNICITY		SEX		DOB		AGE		HGT		WGT		HAIR		EYES									
											W		B		I		A		HISP		NON															
	ALIAS NAME										IDENTIFIERS										MARITAL STATUS					RES. STATUS										
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	JUV. PARENT/ GDN. NOTIFIED					Y N		NAME/RELATIONSHIP OF PERSON NOTIFIED										DATE/TIME NOTIFIED					NOTIFIED BY					DISP JUV H R								
<b>WITNESS/ RPT PERSON</b>	CODE		NAME (LAST, FIRST, MIDDLE)										RACE		ETHNICITY		SEX		DOB		AGE		HGT		WGT		HAIR		EYES							
											W		B		I		A		HISP		NON															
	ADDRESS/LOCATION										CITY/STATE/ZIP										PHONE															
	EMPLOYER					ADDRESS					CITY/STATE/ZIP										PHONE															
	DR. LIC.#					SSN					OSBI # FBI #					MARITAL STATUS					RES. STATUS															
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											W		B		I		A		HISP		NON															
	ADDRESS/LOCATION										CITY/STATE/ZIP										PHONE															
	EMPLOYER					ADDRESS					CITY/STATE/ZIP										PHONE															
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REPORTING OFFICER										ID#										DATE OF REPORT																