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| FIELD REPORT | 1 Type of Report | ROC# | 3 Initial Notification Date _____ Time _____ A/P | 4 Incident Occurrence Date _____ Time _____ A/P | 5 Number F- |
|---------------------|------------------|------|--|---|-----------------------|

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|--|--|---|---|---|--|---|--|
| 1. TYPE OF REPORT 1. Incident Report 2. Case Data Report 3. Prefm. Crim. Inv. 4. Pre History Info. 5. Loss or damage of ISP equipment 6. Personal Injury 7. Encounters 8. Pursuit Report 9. Juvenile V. Varsity 2. HOW ISP INITIALLY NOTIFIED 1. On View 2. Telephone 3. In Person 4. U.S. Mail 5. Other Agency 6. C.B. Radio | 6c. & 6e. RESPONDING VEHICLE 1. 1-Man Patrol Vehicle 2. 2-Man Patrol Vehicle 3. Detective or Special Assignment 4. Other Special Assignment 5. Off Duty 7. SYMBOLS C. Complainant D. Defendant I. Informant S. Suspect V. Victim W. Witness R. Relative DR. Driver P. Passenger O. Other | 8c. RACE W. White B. Black I. Am. Indian/Alaskan M. Mexican P. Puerto Rican H. Other Hispanic A. Asian Pacific 8f. EYES 1. Black 2. Blue 3. Brown 4. Gray 5. Green 6. Hazel 7. Maroon 8. Pink | 8g. HAIR 1. Bald 2. Black 3. Blonde/Strawberry 4. Brown 5. Gray or Part. Gray 6. Red/Auburn 7. Sandy 8. White 8i. BUILD 1. Heavy 2. Medium 3. Thin 4. Slight | 8j. MARITAL STATUS 1. Married 2. Separated 3. Divorced 4. Single 5. Remarried | 10b. INJURIES 1. Killed 2. Fracture 3. Stab Wounds 4. Gunshot Wounds 5. Scratches/Bites; Human 6. Scratches/Bites; Animal 7. Bruises/Abrasions 8. Lacerations 9. Poison 10. Burns | 14a. WEAPON 1. Hands 2. Feet 3. Handgun 4. Shotgun 5. Rifle 6. Knife 7. Club 8. Bottle 9. Vehicle O. Other | 14c. CASE STATUS 0. Unknown (False or Baseless Complaint) 1. Referred to Responsible Jurisdiction 2. Pending Investigation CLEARED BY ARREST 3. Adult 4. Juvenile EXCEPTIONAL CLEARANCE 5. Failed to File Complaint or Prosecute - Adult 6. Failed to File Complaint or Prosecute - Juvenile 7. Other Exceptional Clearance - Adult 8. Other Exceptional Clearance - Juvenile 9. Case Administratively Closed |
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11d. A = arrest for offense reported to ISP
 B = arrest for offense not yet reported to any agency; this entry reports BOTH an arrest and an offense
 C = arrest for offense reported to another agency
 O = offense being reported for the first time
 N = to be used with "A", "B", "C", or "O" is not applicable

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| 6 | Brief Description | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. Location | | | | | City | | | | | County/Township | | | | | | | | | | | | | | |
| | b. Investigating Officer (Print of Type)—Last, First, Middle | | | | | I.D. No. | | Dist. No. | | c. Response No. | | d. Assisting Officer — Last, First, Middle | | | | | I.D. No. | | Dist. No. | | e. Response No. | | | | |
| 7★ | a. Name — First, Last, Middle | | | | | | | | | | b. Home Address | | | | | | | | | | c. Telephone | | | | |
| 8 | a. DOB | | b. Sex | | c. Race | | d. Height | | e. Weight | | f. Eyes | | g. Hair | | h. Complex. | | i. Build | | j. Marital | | k. Scars-Tattoos-Deformities-Amputations | | | | |
| 9 | a. Driver's License No. | | | | | State | | | | | b. Social Security No. | | | | | c. Place of Birth | | | | | d. Business Name and Address | | | | |

CAUTION

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| 10 | a. Occupation | | | | | b. Injuries ★ | | | | | c. Address where treatment given | | | | | | | | | | d. Alias | | | | | | | | | |
| 11 | a. Date Arrested | | | | | Time | | A | | P | | b. Location of Arrest | | | | | c. Offense Section | | | | | d. A □ B □ ★ C □ D □ | | | | | | | | |
| 12 | a. Date Miranda Given | | | | | Time | | A | | P | | b. Officer Name | | | | | I.D. No. | | c. Fingerprint | | d. Bond | | e. Court App. Date | | f. Where held | | | | | |
| 13 | a. ISP Ticket No. | | | | | b. Pursuit Termination Devices Used? | | | | | c. FBI Case No. | | | | | d. DOI No. | | | | | e. LEADS Message No. | | | | | f. NCIC | | | | |
| 14★ | a. Weapon | | b. 1. □ Alcohol Involved | | c. Case Status | | d. Place | | e. Method | | f. Property Code | | g. Recovery Code | | h. Property Value | | | | | STOLEN | | RECOVERED | | DAMAGED | | | | | | |

CAUTION

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| 7★ | a. Name — First, Last, Middle | | | | | | | | | | b. Home Address | | | | | | | | | | c. Telephone | | | | | | | | | |
| 8 | a. DOB | | b. Sex | | c. Race | | d. Height | | e. Weight | | f. Eyes | | g. Hair | | h. Complex. | | i. Build | | j. Marital | | k. Scars-Tattoos-Deformities-Amputations | | | | | | | | | |
| 9 | a. Driver's License No. | | | | | State | | | | | b. Social Security No. | | | | | c. Place of Birth | | | | | d. Business Name and Address | | | | | | | | | |
| 10 | a. Occupation | | | | | b. Injuries ★ | | | | | c. Address where treatment given | | | | | | | | | | d. Alias | | | | | | | | | |
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VEHICLE OR BOAT INFORMATION

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|-----------|------------------------------------|--|---------|--|--------------------|-----------------------|--------------------|--|---------------|--|----------------|--|---------------|--|---------------------|----|--|--|--|--|------------------|--|--------------|----------|--|
| 15 | a. Color | | b. Year | | c. Mfg. Trade Name | | d. Body/Hull Style | | e. Year/State | | f. License No. | | g. VIN/HIN | | | | | | | | | | TP Number | | |
| | h. Owner | | | | | | | | | | i. Address | | | | | | | | | | j. Est. Damage | | | | |
| | k. Telephone | | | | | l. Vehicle Removed By | | | | | | | | | | To | | | | | m. Quality Check | | | I.D. No. | |
| 16 | Signature of Investigating Officer | | | | | | | | | | a. Date | | b. Copies to: | | | | | | | | | | | Initials | |
| | | | | | | | | | | | | | | | Page _____ of _____ | | | | | | | | | | |

