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| INCIDENT | **Barnett State**  **Incident Report** | | | | | | | | | | | | | | | **Agency** | | | | | | | | | | | | | | | | | | | | | | | **Division/Precinct** | | | | | | | | | | | | | | **Case No.** | | | | | | | | | | | | |
| **Report Date** | | | | | | | | **Report Time** | | | | | | | | | | **Occurred On/From** | | | | | | | | | | | **Date** | | | | | | | | | | | | **Time** | | | | | | | | **Occurred To** | | | | | **Date** | | | | | | | | **Time** | | |
| **Incident Type** | | | | | | | | | | | | | | | | | | | | | | | | | **Business Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Weapon(s):** | | | | | | | | | |
| **Incident Address (include City, State, Zip)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No.** | | **Code Section** | | | | | | | | | | | | **Deg** | | | | | | | | **ATT** | | | | **Name of Offense** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CTS** | | | | **No. of Victims** | | | | |
| **1** | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **2** | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **No. of Suspects** | | | | |
| **3** | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **4** | |  | | | | | | | | | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |
| PERSONS | **Type** | | **Name (Last, First, Middle, Title)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DOB** | | | | | | | | | | **Address** | | | | | | | | | | | | | | | | | | | **Telephone** | |
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| VIC | **DOB** | | | | | **Age** | | | | | | | **Sex** | | | | | | | | | **Race** | | | | | | | | | **Ethnic** | | | | | | | | | **Handicap** | | | | | | | | **Residence Status** | | | | | |  | | | | | | | | | | | |
| SUSPECT | **Name (Last, First, Middle)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Alias/Nickname/Maiden Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Apparent Condition** | | | |
| **Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Telephone No.** | | | | | | | | | **SSN** | | | | | |
| **DOB** | | | | | | **Age** | | | | | **Sex** | | | | | | | | | **Race** | | | | | | | | **Ethnic** | | | | | | | | | **Skin** | | | | | | **Occupation** | | | | | | | | | | | | | | | | | | | | | |
| **Height** | | | **Weight** | | | | | | **Hair** | | | | | | | **Eyes** | | | | | | | | **Glasses** | | | | | | | | | **Build** | | | | | | | **Employer/School** | | | | | | | | | | | | | **Address** | | | | | | | | | | | |
| **Scars / Marks / Tattoos** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Misc.** | | | | | | | | | | | | | | | | | | | | | | |
| PROPERTY | **Property Status** | | | | **Property Type** | | | | | | | | **Quantity / Measure** | | | | | | | | | | **Make or**  **Drug Type** | | | | | | | | | | **Model** | | | | | | | | | | | | | **Serial No.** | | | | | **Description** | | | | | | | | | | | | | | **Value** |
|  | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  |
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| **Total** | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  |
| VEH | **License Plate:** | | | | | | | | | **State:** | | | | | | | | | **Expiration:** | | | | | | | | **Plate Type:** | | | | | | | | | **VIN:** | | | | | | | | | | | | | | | | | | | | | | **Value:** | | | | | | |
| **Vehicle Year:** | | | | | | | | | **Make:** | | | | | | | | | | | | | **Model:** | | | | | | | | | | | | **Style:** | | | | | | | | | | | **Color:** | | | | | **Notes:** | | | | | | | | | | | | | |
| NARRATIVE |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CODES | **Larceny Type:** | | | | | | | | | | | | | **Incident Location:** | | | | | | | | | | | | | | | | | | **Assault/Homicide Circumstance:** | | | | | | | | | | | | | | | | | **Justifiable Homicide Circumstance:** | | | | | | | | | **Victim-Offender Relationship:** | | | | | | | |
| **Victim Level of Injury:** | | | | | | | **Type of Injury:** | | | | | | | | | | **Victim Treatment of Injury:** | | | | | | | | | | | | | | **Offense Code1:** | | | | | | | | | | | | | | | | | **Offense Code2:** | | | | | | | | | **Offense Code3:** | | | | | | | |
| ADMIN | **Reporting Officer Signature:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Reporting Officer Name and Rank:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Status:**   * **Open** * **Victim refused to charge** * **Arrest** * **Closed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Supervisor Name and Rank:** | | | | | | | | | | | | | | | | | | | | | | | | |
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