









**PUBLIC INFORMATION**

LAW ENFORCEMENT CASE #

P1. REPORT DATE				P2. OFFENSE DATE				P3. OFFENSE TIME			
P4. LOCATION OF COMMITTED CRIME											
P5. SUSPECT'S NAME						P6. REPORTING OFFICER'S NAME					
P7. AGE	P8. RACE			P9. SEX		P10. EYES		P11. HEIGHT		P12. WEIGHT	
								FT.	IN.		
P13. ADDRESS											
P14. CRIME											
P15. PROPERTY DAMAGE											

<b>VICTIM INFORMATION</b>		V1. AGE CLASSIFICATION <input type="radio"/> ADULT <input type="radio"/> JUVENILE		V2. VICTIM'S RIGHTS PACKAGE ISSUED <input type="radio"/> Yes <input type="radio"/> No		LAW ENFORCEMENT CASE #	
V3. NAME (first, middle, last) including nickname, alias, maiden name, etc.				V4. SSN		V5. DL Number	
V8. AGE		V9. RACE		V10. SEX		V11. HEIGHT FT. IN.	
V12. WEIGHT		V13. HAIR		V14. EYES			
V15. HOME ADDRESS (number, street)				V16. APARTMENT/SPACE/UNIT #		V17. CONTACT PHONE (area code, number)	
V18. CITY / COUNTY				V19. STATE		V20. ZIP CODE	
V21. EMERGENCY CONTACT PERSON						V22. EMERGENCY CONTACT PHONE (area code, number)	

<b>V23. VICTIM WAS</b>					<b>V24. VICTIM HAD PHYSICAL INJURIES?</b> <input type="radio"/> Yes <input type="radio"/> No				
<input type="checkbox"/> Angry	<input type="checkbox"/> Crying	<input type="checkbox"/> Fearful	<input type="checkbox"/> Calm	<input type="checkbox"/> Distraught	<input type="checkbox"/> Complained of pain	<input type="checkbox"/> Bruise(s)	<input type="checkbox"/> Abrasion(s)		
<input type="checkbox"/> Apologetic	<input type="checkbox"/> Afraid	<input type="checkbox"/> Hysterical	<input type="checkbox"/> Agitated	<input type="checkbox"/> Irrational	<input type="checkbox"/> Minor cut(s)	<input type="checkbox"/> Laceration(s)	<input type="checkbox"/> Fracture(s)		
<input type="checkbox"/> Nervous	<input type="checkbox"/> Threatened				<input type="checkbox"/> Concussion				
<input type="checkbox"/> Other (Explain) _____					<input type="checkbox"/> Other (Explain) _____				

V25. Was victim pregnant at time of incident? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown If yes, did the suspect know/have reason to know? <input type="radio"/> Yes <input type="radio"/> No If yes, how? _____				V26. MEDICAL TREATMENT <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused MEDICAL RELEASE SIGNED <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown AMBULANCE CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOSPITAL CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
--	--	--	--	--	--	--	--

<b>V27. INCIDENT DESCRIBED BY VICTIM (check all that apply)</b>						
<input type="checkbox"/> Throwing things	<input type="checkbox"/> Threatened to use weapon	<input type="checkbox"/> Shoving	<input type="checkbox"/> Grabbing	<input type="checkbox"/> Kicking	<input type="checkbox"/> Biting	
<input type="checkbox"/> Beating up	<input type="checkbox"/> Slapping with open hand	<input type="checkbox"/> Hitting with closed fist	<input type="checkbox"/> Strangulation	<input type="checkbox"/> Pushing		
<input type="checkbox"/> Using weapon (Describe) _____			<input type="checkbox"/> Other (Explain) _____			

<b>V28. ADDITIONAL VICTIM INFORMATION</b>	

**WITNESSES (include additional information in report supplement)**

W1. WITNESS # 1 NAME (first, middle, last)			W2. ADDRESS				
W3. CITY		W4. STATE	W5. ZIP CODE	W6. PHONE (area code, number)		W7. DOB	W8. SEX
						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

W9. WITNESS # 1 STATEMENT							

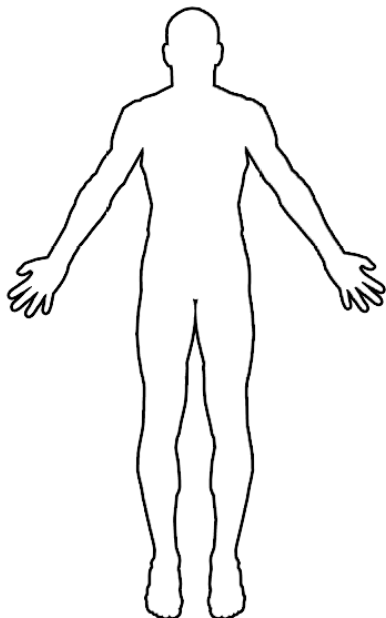
W1. WITNESS # 2 NAME (first, middle, last)			W2. ADDRESS				
W3. CITY		W4. STATE	W5. ZIP CODE	W6. PHONE (area code, number)		W7. DOB	W8. SEX
						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

W9. WITNESS # 2 STATEMENT							

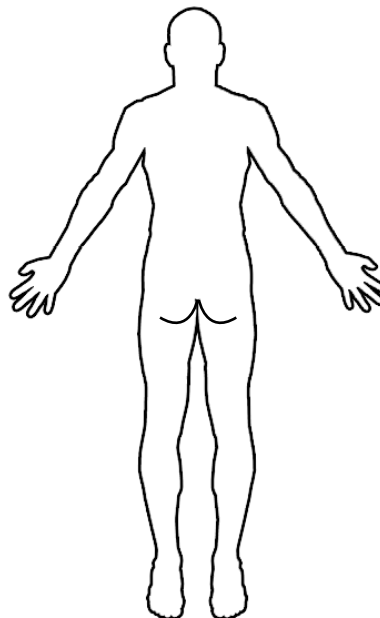
**DIAGRAMS FOR**

LAW ENFORCEMENT CASE #

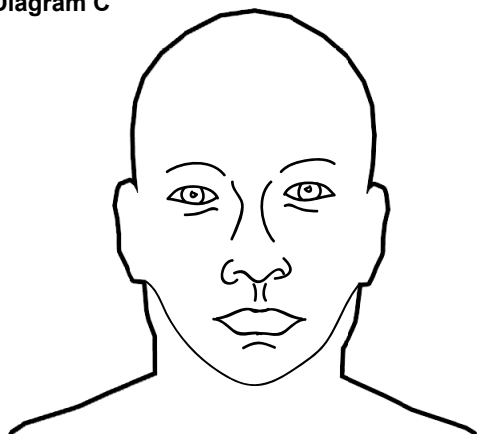
**D1. Diagram A**



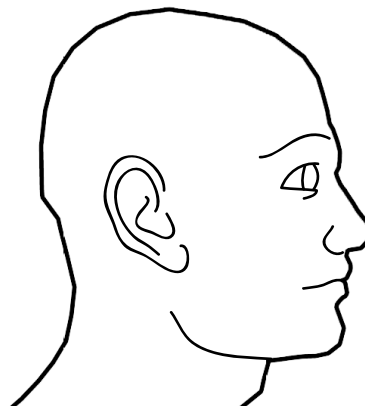
**D2. Diagram B**



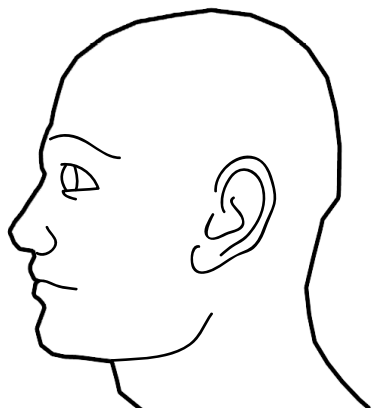
**D3. Diagram C**



**D4. Diagram D**



**D5. Diagram E**



**D6. COMMENTS**

Handwritten notes and observations related to the diagrams.

# N1. NARRATIVE

OFFICER NAME:

BADGE NUMBER:

--	--	--	--	--

LAW ENFORCEMENT CASE #:

Include: Explanation of events that led to the incident, observations, steps taken, comments/statements by victim/suspect/witnesses, history, principle aggressor determination, etc.



# MS UNIFORM OFFENSE SUPPLEMENTAL REPORT FORM

OFFICER NAME:

BADGE NUMBER:

SUPERVISOR APPROVAL:

AGENCY CODE

LAW ENFORCEMENT CASE #:

--	--	--	--	--

--	--	--	--

## N1. SUPPLEMENTAL NARRATIVE

Lined area for supplemental narrative.