

Florida Public Service Association, Inc.



Report Page												
Report Type: <input type="checkbox"/> Incident <input type="checkbox"/> Supplemental		Arrest <input type="checkbox"/> Continuation		1. Weather: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		2. Date _____		3. Time (military) _____ hrs.		4. Off. Number FPSA _____		
5. Incident		Date From: _____		Time (military) From: _____		Date To: _____		Time (military) To: _____				
Event Data	#1	6. IO. Type <input type="checkbox"/>		7. Offense _____				8. Statute Violation # _____		9. Classification <input type="checkbox"/> Attempted <input type="checkbox"/> Committed		
	#2	6. IO. Type <input type="checkbox"/>		7. Offense _____				8. Statute Violation # _____		9. Classification <input type="checkbox"/> Attempted <input type="checkbox"/> Committed		
10. Incident Location (Street, Apt. Number)						City			Zip Code			
11. Business / Area Identifiers / Directions								12. Forced Entry <input type="checkbox"/>		13. Occupancy <input type="checkbox"/>		
14. Location Type(s) <input type="checkbox"/> <input type="checkbox"/>		15. # Offenses _____		16. # Victims _____		17. # Offenders _____		18. # Prem. Ent. _____		19. # Vehicles Stolen _____		
20. Weapon Type(s) #1 <input type="checkbox"/> #2 <input type="checkbox"/>												
Victim / Witness # _____	21. Name (last, First, Middle)						22. Offense Indicator <input type="checkbox"/>		23. V.W. Code <input type="checkbox"/>		24. P.V. Type <input type="checkbox"/>	
	25. Address			City		State		Zip Code			26. Residence Phone	
	27. Business Address			City		State		Zip Code			28. Business Phone	
	29. Complete if Victim is a person											
	30. Race <input type="checkbox"/>		31. Sex <input type="checkbox"/>		32. DOB _____		33. Age _____		34. Extent of Injury <input type="checkbox"/> <input type="checkbox"/>		35. Injury type <input type="checkbox"/> <input type="checkbox"/>	
36. Relationship <input type="checkbox"/>		37. Ethnicity <input type="checkbox"/>										
Victim / Witness # _____	21. Name (last, First, Middle)						22. Offense Indicator <input type="checkbox"/>		23. V.W. Code <input type="checkbox"/>		24. P.V. Type <input type="checkbox"/>	
	25. Address			City		State		Zip Code			26. Residence Phone	
	27. Business Address			City		State		Zip Code			28. Business Phone	
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	30. Race <input type="checkbox"/>		31. Sex <input type="checkbox"/>		32. DOB _____		33. Age _____		34. Extent of Injury <input type="checkbox"/> <input type="checkbox"/>		35. Injury type <input type="checkbox"/> <input type="checkbox"/>	
36. Relationship <input type="checkbox"/>		37. Ethnicity <input type="checkbox"/>										
Suspect # _____	38. Name (Last, First, Middle)						39. Suspect Code <input type="checkbox"/>		40. Offense Indicator <input type="checkbox"/>			
	41. Maiden Name			42. Nick Name		43. Birth Place		44. Residence Phone		45. Business Phone		
	46. Last known Address								47. Social Security Number			
	48. Driver's License number			State		49. Immigration/Naturalization #		50. Arrest Booking number		51. BOLO #		
	52. Clothing (describe)						53. Scars/Marks/Tattoo (location/Describe)					
	54. Race <input type="checkbox"/>		55. Sex <input type="checkbox"/>		56. DOB _____		57. Age _____		58. Height _____		59. Weight _____	
	60. Hair Length/Color			61. Hairstyle			62. Facial Hair					
	63. Eye Color		64. Complexion		65. Teeth		66. Speech /Voice		67. Build		68. Special Identifiers	
Admin	69. Related Report#					70. Reporting Officer					I.D. Number	
	71. Field Training Officer					72. Reviewing Supervisor					I.D. Number	
73. Case Status <input type="checkbox"/>		74. Referred To. <input type="checkbox"/>		75. # Arrested _____		76. Data Processing (Don't Write)				77. Exception Type <input type="checkbox"/>		
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SUPPLEMENTAL PERSONS PAGE

Event Data	Report Type: <input type="checkbox"/> Incident <input type="checkbox"/> Arrest <input type="checkbox"/> Supplemental <input type="checkbox"/> Continuation		1. Date of Org. Rep.	2. Date of this Rep.	3. Time (military) hrs.	4. Off. Number FPSA			
	5. Victim/Complainant (Primary Victim / Business)						6. Incident / Offense Type		
Victim / Witness # _____	21. Name (last, First, Middle)				22. Offense Indicator	23. V.W. Code	24. P.V. Type		
	25. Address			City	State	Zip Code	26. Residence Phone		
	27. Business Address			City	State	Zip Code	28. Business Phone		
	29. Complete if Victim is a person								
	30. Race	31. Sex	32. DOB	33. Age	34. Extent of Injury	35. Injury type	36. Relationship	37. Ethnicity	
Victim / Witness # _____	21. Name (last, First, Middle)				22. Offense Indicator	23. V.W. Code	24. P.V. Type		
	25. Address			City	State	Zip Code	26. Residence Phone		
	27. Business Address			City	State	Zip Code	28. Business Phone		
	29. Complete if Victim is a person								
	30. Race	31. Sex	32. DOB	33. Age	34. Extent of Injury	35. Injury type	36. Relationship	37. Ethnicity	
Suspect # _____	38. Name (Last, First, Middle)				39. Suspect Code	40. Offense Indicator			
	41. Maiden Name		42. Nick Name		43. Birth Place		44. Residence Phone	45. Business Phone	
	46. Last known Address					47. Social Security Number			
	48. Driver's License number		State	49. Immigration/Naturalization #		50. Arrest Booking number		51. BOLO #	
	52. Clothing (describe)				53. Scars/Marks/Tattoo (location/Describe)				
	54. Race	55. Sex	56. DOB	57. Age	58. Height	59. Weight	60. Hair Length/Color	61. Hairstyle	62. Facial Hair
	63. Eye Color	64. Complexion	65. Teeth	66. Speech /Voice		67. Build	68. Special Identifiers		
Administrative	69. Related Report#			70. Reporting Officer			I.D. Number		
	71. field Training Officer			72. Reviewing Supervisor			I.D. Number		
	73. Case Status	74. Referred To.	75. # Arrested	76. Data Processing (Don't Write)			77. Exception Type		

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VEHICLE PROPERTY VESSEL REPORT											
Event Data	Report Type: <input type="checkbox"/> Property <input type="checkbox"/> Vehicle <input type="checkbox"/> Vessel		1. Date Reported		2. Date of Supplemental		3. Time (military)		4. Off. Number		
	5. Victim / Complainant					6. Incident Type					
Property	7. Theft Type	8. Item #	9. Status	10. Damage	11. Pro. Typ.	12. Quantity	Name Brand		Model Name /Number		
	13. Serial Number		14. Description (Size, Color, Caliber, Barrel Length, ETC.)								
	15. Value		16. Value Recovered		17. Date Recovered		18. Entered NCID/FCIC <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Entering NIC#		
Property	7. Theft Type	8. Item #	9. Status	10. Damage	11. Pro. Typ.	12. Quantity	Name Brand		Model Name /Number		
	13. Serial Number		14. Description (Size, Color, Caliber, Barrel Length, ETC.)								
	15. Value		16. Value Recovered		17. Date Recovered		18. Entered NCID/FCIC <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Entering ECO#		
Property	7. Theft Type	8. Item #	9. Status	10. Damage	11. Pro. Typ.	12. Quantity	Name Brand		Model Name /Number		
	13. Serial Number		14. Description (Size, Color, Caliber, Barrel Length, ETC.)								
	15. Value		16. Value Recovered		17. Date Recovered		18. Entered NCID/FCIC <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Entering NIC#		
Property	7. Theft Type	8. Item #	9. Status	10. Damage	11. Pro. Typ.	12. Quantity	Name Brand		Model Name /Number		
	13. Serial Number		14. Description (Size, Color, Caliber, Barrel Length, ETC.)								
	15. Value		16. Value Recovered		17. Date Recovered		18. Entered NCID/FCIC <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Entering NIC#		
Property	7. Theft Type	8. Item #	9. Status	10. Damage	11. Pro. Typ.	12. Quantity	Name Brand		Model Name /Number		
	13. Serial Number		14. Description (Size, Color, Caliber, Barrel Length, ETC.)								
	15. Value		16. Value Recovered		17. Date Recovered		18. Entered NCID/FCIC <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Entering NIC#		
Veh icle	20. Year	21. Make	22. Model	23. Type	24. Color (s)	25. Insurance Company /Policy Number					
	26. Serial Number		27. Description (Size, Color, Caliber, Barrel Length, ETC.)								
Vessel #	28. Value		29. Value Recovered		30. Date Recovered		31. Entered NCID/FCIC <input type="checkbox"/> Yes <input type="checkbox"/> No		32. Entering NIC#		
	33. Year	34. Manufacturer	35. Model	36. Type Construction		37. Color (s)	38. Insurance Company /Policy Number				
	39. Registration # /State / Decal # / Expiration Date						40. Serial Number				
	41. Value		42. Value Recovered		43. Date Recovered		44. Entered NCID/FCIC <input type="checkbox"/> Yes <input type="checkbox"/> No		45. Entering NIC#		
Administrative	69. Related Report#				70. Reporting Officer				I.D. Number		
	71. field Training Officer				72. Reviewing Supervisor				I.D. Number		
	73. Case Status	74. Referred To.	75. # Arrested	76. Data Processing (Don't Write)			77. Exception Type				
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Incident Report Code List

#1. Weather		
00- N/A	03- Foggy	06- Clear
01- Sunny	04- Overcast	07- Dark
02- Rainy	05- Dew	
#6. Incident Offense Type (IO)		
00- N/A	03- Misdemeanor	
01- Felony	04- Traffic Misdemeanor	06- Other
02- Traffic Felony	05- Ordinance	
7. Theft Type		
00- N/A	05- Purse Snatching	11-By Computer
01- Burglary	06- Embezzlement	12- Fraud
02- Robbery	07- From Coin Operated Machine	99- Other
03- Shoplifting	08- From Vehicle	
04- Pocket Picking	10- Extortion	
#8. Person Code		
DR- Driver	OW- Owner	WI-Witness
IO- Involved /Other	RP- Reporting Party	
OF- Offender / Suspect	VI- Victim	
#9. Status Code		
B- Burned	K- Safekeeping	S- Stolen
C- Counterfeit / Forged	L-Lost	T- Suspect Vehicle
D- Damaged / Vandalized	O-Released to Owner / Agent	X- Left at Scene
F- Found	R- Recovered	Z- Seized
#10. Damage Code		
0- N/A	02- Criminal Mischief	09- Other
01- Arson	03- During Other Offense	
11. Property Type		
A- Auto Accessory / Part	J- Jewelry / Precious Metal	S- Sports Equipment
B- Bicycle	K- Clothing / Fur	T. TV / Video / VCR
C- Camera / Photo Equipment	L- Livestock	U- Currency / Negotiable
D- Drug	M- Musical Instrument	V- Cell Phone
E- Equipment / Tool	N- Construction Machinery	W- Boat Motor
F- Food / Liquor / Consumable	O-Office Equipment	X- Structure
G- Gun	P- Art / Collection	Y- Farm Equipment
H- Household Appliance Goods	Q- Computer Equipment	Z- Miscellaneous
I- Plant / Citrus	R- Radio / Stereo	
#12. Forced Entry		
00.- N/A	01.-Yes	02.- No
#13. Occupancy		
00.- N/A	01.- Occupied	02.- Unoccupied
03.- Abandoned		

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#14. Location Type		
00- N/A	28.- Mall / Shopping Center	39.- Medical Facility
01.- Home of Victim – Single Family	29.- Other / Retail Establishment	49.- Other-Non Residential Bldg
02.- Home of Victim – Other	30.- Air / Bus / Train Terminal	50.- Enclosed Parking / Deck
03.- Home of Offender - Single Family	31.- Bar / Night Club / Lounge	51.- Parking Lot / Area
04.- Home of Offender – Other	32.- Church / Synagogue / Temple	55.- Rental / Commercial Storage
08.- Other Residence – Single Family	33.- Commercial / Office Bldg.	56.- Residential Outbuilding / Shed
09.- Other Residence - Other Dwelling	34.- Financial Institution	60.- Behind Building / Alley
10.- Convenience Store	32.- Church / Synagogue / Temple	61.- Construction Site
11.- Grocery / Supermarket	33.- Commercial / Office Bldg.	62.- Highway / Street / Road / Etc.
12.- Jewelry Store	34.- Financial Institution	63.- Lake / Waterway / Ocean
13.- Liquor Store	35.- Go Public Bldg	64.- Open Land Area
14.- Pharmacy	36.- Hotel/Motel	70.- Vehicle (Arson Only)
15.- Restaurant	37.- Jail / Prison	98.- All Other
16.- Service/ Gas Station	38.- School / College	99.-Unknown
#20. Weapon Type		
00- N/A	13.- Razor	32.- Poisson (includes Gas)
01.- Fictitious Gun (Implied toy)	14.- Saw / Cutting Tool	38.- Other Chemical / Drugs
02.- Gas / Air Powered Gun (BB , Pellet)	18.- Other Cutting Instrument	40.- Hands / Feet / Teeth
03.- Handgun	20.- Bunt Object (Club, Hammer)	41.- Fist
04.- Rifle	21.- Crowbar	49.- Threats / Intimidation
05.- Shotgun	22.- Baseball Bat	90.- Explosive
08.- Other Firearm	23.- hammer	91.- Fire / Burning Tool/ Device
09.- Undetermined Firearm	24.- Rock	97.- Not Applicable / None
10.- Axe / Hatchet	25.- Other Blunt object	98.- Other Weapon
11.- Bow and Arrow / Crossbow	30.- Chemicals / Acids	99.- Unknown / Not Stated
12.- Knife	31.- Narcotics / Drugs	
#22. Offense indicator V/W		
00- N/A	01- #1	02- #2
03- Both		
#23. VW Code		
DR- Driver	VI- Victim	OW- Owner
RP- Reporting Party	OF- Offender / Suspect	
IO- Involved Other	WI- Witness	
#24. Person / Victim Type		
00- N/A	G- Government	R- Religious Organization
B- Business	I- Person / Individual (not LEO)	S- Society / Public
F- Financial Institution	L- Law Enforcement (line of / Duty)	U- Unknown / Other
#30. or 54. Race		
N- N/A	B- Black	A- Oriental / Asian
W- White	I- American Indian	U- Unknown
#31. or 55. Sex		
N- N/A	M- Male	F- Female
U- Unknown		
34. Extent of Injury		
00- N/A	01- None	02- Minor
03- Serious	04- Fatal	

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Code List

35. Injury Type

A- Abrasion / Bruising	L- Lacerations, Severe	T- Loss of Teeth
B- Broken Bones, Apparent	N- None	U- Unconsciousness
G- Gun Shot	R- Burns	
I- Internal Injuries, Possible	S- Stabbed	

36. Victim Relationship to Offender

00- N/A	ER- Employer	PA- Parent
AQ- Acquaintance	FR- Friend	SB- Spouse
BG- Boyfriend / Girlfriend	HQ- Homosexual Relationship	ST- Stranger
BP- Biological Parent	IL- In-Law	UK- Unknown Relationship
CH- Child	NE- Neighbor	XS- Ex-Spouse
CS- Co-Habitant	OF- Other Family Member	
EE- Employee	OK- Otherwise Known	

37. Ethnicity

H- Hispanic	N- None Hispanic	
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39. Suspect Code

S- Suspect	A- Arrestee	E- Escapee
Z- Other		

40. Offense indicator Suspect

01- #1	02- #2	03- Both
04- All		

73. Case Status

01- Active Case / Pending	03- Cleared Offense	07- Non-Offense Closed
02- Inactive Case / Suspended	04- Unfounded	

74. Referred To

00- N/A	02- Y.R.O.	04- Other
01- Investigator	03- Vice / Narc	

77. Exception Type

01- Exception Prosecution / Denied	04- Exception / Death or Offender	06- Cleared by Arrest
02- Exception Extradition / Denied	05- Exception / Vic. Uncooperative	