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| **OFFENSE/INCIDENT REPORT**INSTRUCTIONS ARE PRINTED SEPARATELY. IF ADDITIONAL SPACEIS NEEDED, USE REVERSE OF FORM; IDENTIFY ITEMS. | 1. TYPE☐ a. ORIGINAL ☐ b. CONTINUATION ☐ c. SUPPLEMENT OR FOLLOWUP |
| 2. CODE NO.  | 2a. SORT | 3. TYPE OF OFFENSE OR INCIDENT  | 4. CASE CONTROL NUMBER  |
| 5. BUILDING NUMBER  | 6. ADDRESS  |
| 7. NAME OF AGENCY/BUREAU  | 8. AGENCY/BUREAU CODE  | 9. SPECIFIC LOCATION  | 10. LOCATION CODE  |
| 11a. DATE OF OFFENSE/INCIDENT  | 11a. TIME OF OFFENSE/INCIDENT  | 12. DAY  | 13a. DATE REPORTED  | 13b. TIME REPORTED  | 14. DAY  |
| 15. JURISDICTION (X)☐ EXCLUSIVE ☐ CONCURRENT ☐ PARTIAL ☐ PROPRIETARY | 16. NO. OF DEMONSTRATORS      | 17. NO. EVACUATED      | a. TIME START      | b. TIME END      |
| 18. PERSONSINVOLVED | ID CODE(a) | NAME AND ADDRESS(b) | AGE(c) | SEX(d) | RACE(e) | INJURY CODE(f) | TELEPHONE(g) |
|       | Last Name, First, Middle Initial      |    |    |    |       | HOME      |
| Number, Street, Apt. No., City and State      |  | BUSINESS      |
|       | Last Name, First, Middle Initial      |    |    |    |       | HOME      |
| Number, Street, Apt. No., City and State      |  | BUSINESS      |
| 19. VEHICLE | a. STATUS | b. YEAR      | c. MAKE      | d. MODEL      | e. COLOR *(Top/Bottom)*      | f. IDENTIFYING CHARACTERISTICS      |
|   | STOLEN |   | SUSPECT | g. REGIS-TRATION | ► | YEAR      | STATE      | TAG NO.      | h. VIN      | i. VALUE      |
|   | GOV’’T |   | PERSONAL |
|   | VANDALIZED |   | RECOVERED |
| 20. ITEMS TAKEN | a. NAME OF ITEM      | b. QUANTITY      | c. OWNERSHIP☐ GOV’T ☐ PERSONAL | d. BRAND NAME      |
| e. SERIAL NO.      | f. COLOR      | g. MODEL      |
| h. VALUE      | i. UNUSUAL OR UNIQUE FEATURES      |
| j. PROPERTY WAS☐ SECURRED ☐ UNSECURED | k. STATUS OF PROPERTY ☐ RECOVERED ☐ MISSING ☐ PARTIAL RECOVERY | VALUE RECOVERED      |
| l. NAME OF ITEM      | m. QUANTITY      | n. OWNERSHIP☐ GOV’T ☐ PERSONAL | o. BRAND NAME      |
| p. SERIAL NO.      | q. COLOR      | r. MODEL      |
| s. VALUE      | t. UNUSUAL OR UNIQUE FEATURES      |
| u. PROPERTY WAS☐ SECURRED ☐ UNSECURED | v. STATUS OF PROPERTY ☐ RECOVERED ☐ MISSING ☐ PARTIAL RECOVERY | VALUE RECOVERED      |
| 21. NARRATIVE *(If additional space is needed, use blank sheet and attach.)* |
| GENERAL SERVICES ADMINISTRATION | **GSA** FORM **3155** (REV. 3/200) |

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| 22. NOTIFICATION | TIME | 23a. EVIDENCE☐ YES ☐ NO | 23b. TAG NO.      | 23c. TYPE      |
| NOTIFIED | ARRIVED |
| a. Other Police Agency |       |       | 23d. WHERE STORED      |
| b. Fire Department |       |       | 24. ATTACHMENTS *(Mark “X” where applicable)* |
|   | a. CONTINUATION SHEET |   | d. STATEMENT(S) |
| c. Ambulance |       |       |   | b. GSA FORM 3157 |
|   | c. PROPERTY RECEIPT(S) |   | e. SUPPLEMENTAL |
| d. Building Manager |  |  | f. OTHER ATTACHMENTS *(Specify)*      |
| e. OTHER *(Specify)*      |       |       |
| 25. SUSPECT STATUS | 26. DISPOSITION OF SUSPECT |
|   | a. NOT IDENTIFIED |   | a. ARRESTED |  | b. NOT ARRESTED |
|   | b. GOVERNMENT EMPLOYEE |   | c. RELEASED |   | d. N/A |
|   | c. GOVERNMENT CONTRACT |   | d. CITATION ISSUED | ► | CITATION NUMBER |
|  | d. NON-GOVERNMENT EMPLOYEE |
|   | e. N/A |
| **NOTE: Complete GSA Form 3157 where this is a Suspect, Att. Burglary, Burglary, Att. Robbery, Robbery, or a Weapon is used.** |
| 27. TIME | 28. REVIEWED BY |
| a. RECEIVED  | b. ARRIVED | a. TYPE☐ FPS☐ GG | b. SIGNATURE      | d. DATE      |
| c. RETURNED TO SERVICE  | c. NAME *(Printed)*      |
| 29a. BADGE  | 29b. NAME *(Printed)* | 29c. SIGNATURE | 29d. DATE      |
| 30. CASE REFERRED TO | 31. CASE | 32. APPROVING OFFICIAL |
|   | a. FPS DETECTIVE |   | b. LOCAL POLICE |   | c. STATE POLICE | a. SIGNATURE | b. DATE      |
|   | d. FBI |   | e. IG |   | f. N/A |   | a. OPEN |
|   | g. OTHER *(Specify)*      |   | b. CLOSED | c. NAME *(Printed)*      |
|   | c. UNFOUNDED |
| 33. DETECTIVE STATUS |
| a. CASE NUMBER      | b. HOW CLOSED☐ INACTIVE ☐ ARREST ☐ OTHER MEANS | c. SUSPECT ☐ DEVELOPED ☐ ARRESTED | d. ENTERED NCIC ☐ YES ☐ NO ☐ N/A |
| ☐ | e. PROPERTY RECOVERED | f. VALUE OF PROPERTY      | g. CLEARED NCIC ☐ YES ☐ NO ☐ N/A | h. REFERRED TO      |
| i. DATE REFERRAL ACCEPTED      |
| 21. NARRATIVE *(If additional space is needed, use blank sheet and attach.)*      |
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