

STATE OF WASHINGTON UNIFORM INCIDENT REPORT

(REV. 9-1-92)

D A T A	AGENCY NAME Monroe Police Department		<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT		RESP	ASGN	EVIDENCE NUMBER			INCIDENT NUMBER										
	TYPE OF REPORT <input type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION		<input type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT		<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE			<input type="checkbox"/> HATE / BIAS <input type="checkbox"/> APSON - LOSS \$ <input type="checkbox"/> OTHER:			<input type="checkbox"/> COMPUTER USED <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> ALCOHOL RELATED									
	INCIDENT CLASSIFICATION				OFFENSE CODES		A C		A C		A C		A C							
ADDRESS / LOCATION OF INCIDENT				PREMISE TYPE / NAME				# OF UNITS ENTERED		CODE		GEO CODES								
REPORTED ON				OCCURRED ON OR FROM				OCCURRED TO												
MONTH	DAY	YEAR	TIME	DOW	MONTH	DAY	YEAR	TIME	DOW	MONTH	DAY	YEAR	TIME	DOW						
ADD'L ON SUPP.		<input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT.		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT. BUSINESS C - COMPLAINANT G - PARENT / GUARDIAN		D - DECEASED RO - REG. OWNER		LANDLOP'D NOTIFICATION										
NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)			AFFILIATION			RACE	ETH	SEX	D.O.B./AGE	HGT	WGT	HAIR	EYES					
STREET ADDRESS				APT. #	CITY				STATE	ZIP	RES. STATUS F P NO U									
RESIDENCE PHONE		BUSINESS PHONE		EMPLOYMENT / OCCUPATION / SCHOOL			HATE / BIAS CODE	TYPE VICTIM	TYPE INJURY	VICTIM OF OFSN.# OFNDR#		RELATIONSHIP CODE								
NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)			AFFILIATION			RACE	ETH	SEX	D.O.B./AGE	HGT	WGT	HAIR	EYES					
STREET ADDRESS				APT. #	CITY				STATE	ZIP	RES. STATUS F P NO U									
RESIDENCE PHONE		BUSINESS PHONE		EMPLOYMENT / OCCUPATION / SCHOOL			HATE / BIAS CODE	TYPE VICTIM	TYPE INJURY	VICTIM OF OFSN.# OFNDR#		RELATIONSHIP CODE								
NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT:		SUSPECT CODES:				A - ARREST R - RUNAWAY		S - SUSPECT M - MISSING		I - INSTANTIONAL (MENTAL / DETOX)		X - OTHER								
NO.	NAME (LAST, FIRST, MIDDLE)			RACE	ETH	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES								
ALIAS NAME (S)				IDENTIFIERS																
STREET ADDRESS				APT. #	CITY				STATE	ZIP	RES. STATUS F P NO U	RESIDENCE PHONE								
EMPLOYMENT / OCCUPATION / SCHOOL				BUSINESS PHONE		SOC. SEC. NUMBER		DRIVERS LIC. / I.D. CARD NO.		STATE										
IBR ARREST OFFENSE NO.	BOOKED / WHERE		BOOKING #		CHARGES			CITATION / WARRANT # / AGENCY			BAIL									
ARREST DATE		LOCATION OF ARREST			1. M F		2. M F													
AFFILIATION		ON VIEW ARREST	CITED	STATEMENT	CHARGES	ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR										
JUV. PARENT/ GDN. NOTIFIED	NAME / RELATIONSHIP OF PERSON NOTIFIED			DATE / TIME NOTIFIED		NOTIFIED BY		DISPOSITION OF JUVENILE												
VEHICLE CODES:		<input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE		<input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED		<input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER		<input type="checkbox"/> VICTIMS VEH. <input type="checkbox"/> SUSPECTS VEH.		<input type="checkbox"/> HOLD - FOR:								
NO.	LICENSE NUMBER		STATE	VIN / HULL NO.		YEAR	MAKE	MODEL	STYLE											
COLOR		SPECIAL FEATURES / DESCRIPTION				VALUE \$	DRIVER IS: <input type="checkbox"/> R/O <input type="checkbox"/> PERSON #		REGISTERED OWNERS NAME											
VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY		TOW COMPANY / ADDRESS / PHONE				STATE TOW NO.		REGISTERED OWNERS ADDRESS												
LOCKED	KEYS IN VEHICLE	DELINQ. PAYMENT	VICTIM CONSENT	THEFT INS.	DRIVE-ABLE	DAMAGE TO VEHICLE	SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>7</td><td>5</td><td>3</td><td>1</td></tr> <tr><td>8</td><td>6</td><td>4</td><td>2</td></tr> </table>		7	5	3	1	8	6	4	2	DAMAGE EST. \$	
7	5	3	1																	
8	6	4	2																	
MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DID NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF FOUND PROPERTY, I HAVE BEEN ADVISED OF CHAPTER 63 OF THE R.C.W AND () I DO () I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.																				
() RELEASED PROPERTY TO _____ () I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE () I ACCEPT LIABILITY FOR TOWING AND STORAGE () THE NAMED JUVENILE IS PRESENTLY A RUNAWAY () THE NAMED PERSON IS PRESENTLY MISSING																				
SIGNATURE OF PERSON						DATE														
OFFICER NAME / NUMBER			AREA	OFFICER NAME / NUMBER			AREA	APPROVED BY		ASSIGNED										
IBR CLEARANCE <input type="checkbox"/> ARR / A <input type="checkbox"/> ARR / J		<input type="checkbox"/> EXC / A <input type="checkbox"/> EXC / J <input type="checkbox"/> UNF		ADMIN CLEARANCE <input type="checkbox"/> WARRANT <input type="checkbox"/> SUSPENDED		DISTRIBUTION <input type="checkbox"/> CA <input type="checkbox"/> PA		<input type="checkbox"/> CPS <input type="checkbox"/> DSHS <input type="checkbox"/> JUV <input type="checkbox"/> MH		<input type="checkbox"/> HD <input type="checkbox"/> DET <input type="checkbox"/> PAT										
OTHER:								DATA ENTRY												

INCIDENT NUMBER

PROPERTY / NARRATIVE REPORT

(REV. 9-1-92)

PAGE _____ OF _____

TYPE OF ACTION:	1 - STOLEN 2 - RECOVERED 3 - EVIDENCE	4 - LOST 5 - FOUND 6 - SEIZED	7 - DESTROYED / DAMAGED / VANDALIZED 8 - COUNTERFEIT / FORGED 9 - BURNED	10 - SAFEKEEPING 20 - INVESTIGATIVE INFO.	11 - UNKNOWN 12 - NONE VICTIM F/U	INCIDENT NUMBER
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TOTAL RECOVERY Y N	RECOVERY DATE	TOTAL VALUE	TYPE OF DRUG / NARCOTIC STOLEN / SEIZED	QUANTITY	TYPE MEASUREMENT
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PROPERTY DESCRIPTION for DESC CODE blocks

01 AIRCRAFT	15 HEAVY CONSTRUCTION / INDUSTRIAL EQUIPMENT	29 STRUCTURES - SINGLE DWELLINGS
02 ALCOHOL	16 HOUSEHOLD GOODS	30 STRUCTURES - OTHER DWELLINGS
03 AUTOMOBILE	17 JEWELRY / PRECIOUS METALS	31 STRUCTURES - OTHER COMMERCIAL / BUSINESS
04 BICYCLES	18 LIVESTOCK	32 STRUCTURES - INDUCT. /MFG.
05 BUSES	19 MERCHANDISE	33 STRUCTURES - PUBLIC / COMMUNITY
06 CLOTHING / FURS	20 MONEY	34 STRUCTURES - STORAGE
07 COMPUTER HARDWARE / SOFTWARE	21 NEGOTIABLE INSTRUMENTS	35 STRUCTURES - OTHER
08 CONSUMABLE GOODS	22 NON - NEGOTIABLE INSTRUMENTS	36 TOOLS - POWER / HAND
09 CREDIT / DEBIT CARDS	23 OFFICE - TYPE EQUIPMENT	37 TRUCKS
10 DRUGS / NARCOTICS	24 OTHER MOTOR VEHICLES	38 VEHICLES PARTS / ACCESSORIES
11 DRUGS / NARCOTICS EQUIP. / PARAPH.	25 PURSES / HANDBAGS / WALLETS	39 WATERCRAFT
12 FARM EQUIPMENT	26 RADIOS / TELEVISIONS / VCRS	88 PENDING INVENTORY
13 FIREARMS	27 RECORDINGS - AUDIO / VISUAL	98 RESERVED FOR SPECIAL USE
14 GAMBLING EQUIPMENT	28 RECREATIONAL VEHICLES	99 OTHER (INCLUDES INTANGIBLES)

No.	ITEM	SERIAL / OAN	BRAND NAME	MODEL / CALIBER
ACTION #	DESC. CODE	DESCRIPTION (IF WEAPON, INDICATE BARREL LENGTH, ACTION, FINISH)	MISC.	VALUE \$
No.	ITEM	SERIAL / OAN	BRAND NAME	MODEL / CALIBER
ACTION #	DESC. CODE	DESCRIPTION (IF WEAPON, INDICATE BARREL LENGTH, ACTION, FINISH)	MISC.	VALUE \$
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ACTION #	DESC. CODE	DESCRIPTION (IF WEAPON, INDICATE BARREL LENGTH, ACTION, FINISH)	MISC.	VALUE \$

ENTERED: (INITIAL)	LOCAL	NCIC	WAGC	DATE	LETTER SENT Y N
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