

**COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT  
INCIDENT REPORT**

A TRADITION OF SERVICE

DATE

PAGE      OF     

<b>ACTION:</b>	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> NON-CRIMINAL	# OF ADULT ARRESTS	# OF SUBJECT DETENTIONS	<b>URN#</b>	<b>TAG#</b>	<b>CALL TIME</b>
<input type="checkbox"/> INACTIVE	<input type="checkbox"/> PENDING	<input type="checkbox"/>			RETENTION    YEAR    SEQUENTIAL    REPORTING DISTRICT    STAT CODE		
CLASSIFICATION 1 / LEVEL / STAT CODE							
CLASSIFICATION 2 / LEVEL / STAT CODE							
CLASSIFICATION 3 / LEVEL / STAT CODE							
CLASSIFICATION 4 / LEVEL / STAT CODE							
<b>ADDITIONAL STAT CODES</b>							
<input type="checkbox"/> ASAP / 83		<input type="checkbox"/> GANG RELATED / 860		<input type="checkbox"/> CYBER - RELATED CRIME / 552		<input type="checkbox"/> OTHER	
<input type="checkbox"/> FIREARM RELATED / 830		<input type="checkbox"/> CYBER CRIME / 551		<input type="checkbox"/> CYBER - RELATED INCIDENT (NON - CRIMINAL) / 559			
DATE / TIME / DAY OF OCCURRENCE				<input type="checkbox"/> PRINTS REQUESTED		REQUESTED BY:	TIME
				<input type="checkbox"/> PRINTS COMPLETED			
LOCATION OF OCCURRENCE				BUSINESS NAME			

**CODE: V - VICTIM • W - WITNESS • I - INFORMANT • R - REPORTING PARTY • P - PARTY**

CODE	#	of	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	RACE	DOB	AGE	DRIVER'S LICENSE / STATE ID	
RESIDENCE ADDRESS			CITY			STATE		ZIP		RESIDENCE PHONE (Area Code)	
BUSINESS / SCHOOL (GRADE) ADDRESS			CITY			STATE		ZIP		BUSINESS PHONE (Area Code)	
ETHNIC ORIGIN			EMAIL ADDRESS			SOCIAL NETWORKING ACCOUNT			CELL PHONE (Area Code)		
VICTIM OF OFFENSE(S) (CLASSIFICATION) #:				VICTIM DESIROUS OF PROSECUTION?			VICTIM OF SEX CRIME DESIROUS OF CONFIDENTIALITY?			ENGLISH SPEAKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
# # # # # # # #										LANGUAGE	
CODE	#	of	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	RACE	DOB	AGE	DRIVER'S LICENSE / STATE ID	
RESIDENCE ADDRESS			CITY			STATE		ZIP		RESIDENCE PHONE (Area Code)	
BUSINESS / SCHOOL (GRADE) ADDRESS			CITY			STATE		ZIP		BUSINESS PHONE (Area Code)	
ETHNIC ORIGIN			EMAIL ADDRESS			SOCIAL NETWORKING ACCOUNT			CELL PHONE (Area Code)		
VICTIM OF OFFENSE(S) (CLASSIFICATION) #:				VICTIM DESIROUS OF PROSECUTION?			VICTIM OF SEX CRIME DESIROUS OF CONFIDENTIALITY?			ENGLISH SPEAKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
# # # # # # # #										LANGUAGE	

**CODE: S - SUSPECT • SJ - SUBJECT • M - PATIENT • S/V - SUSPECT / VICTIM • SJ / V - SUBJECT / VICTIM**

CODE	#	of	LAST NAME	FIRST NAME	MIDDLE NAME	DOB	AGE	DRIVER'S LICENSE / STATE ID	
SEX	RACE	ETHNIC ORIGIN	HAIR	EYES	HEIGHT	WEIGHT		CELL PHONE (Area Code)	
RESIDENCE ADDRESS			CITY			STATE		ZIP	RESIDENCE PHONE (Area Code)
BUSINESS / SCHOOL (GRADE) ADDRESS			CITY			STATE		ZIP	BUSINESS PHONE (Area Code)
AKA			EMAIL ADDRESS			SOCIAL NETWORKING ACCOUNT			ENGLISH SPEAKING? <input type="checkbox"/> YES <input type="checkbox"/> NO
MONIKER			CHARGE			BOOKING NUMBER			LANGUAGE
									WHERE DETAINED OR CITE NUMBER
CODE	#	of	LAST NAME	FIRST NAME	MIDDLE NAME	DOB	AGE	DRIVER'S LICENSE / STATE ID	
SEX	RACE	ETHNIC ORIGIN	HAIR	EYES	HEIGHT	WEIGHT		CELL PHONE (Area Code)	
RESIDENCE ADDRESS			CITY			STATE		ZIP	RESIDENCE PHONE (Area Code)
BUSINESS / SCHOOL (GRADE) ADDRESS			CITY			STATE		ZIP	BUSINESS PHONE (Area Code)
AKA			EMAIL ADDRESS			SOCIAL NETWORKING ACCOUNT			ENGLISH SPEAKING? <input type="checkbox"/> YES <input type="checkbox"/> NO
MONIKER			CHARGE			BOOKING NUMBER			LANGUAGE
									WHERE DETAINED OR CITE NUMBER

BY DEPUTY	EMPLOYEE #	SWORN EXP IN YRS	DEPUTY	EMPLOYEE #	SWORN EXP IN YRS	VACATION DATES
STATION	UNIT / CAR #	SHIFT	APPROVED	EMPLOYEE #	DATE / TIME	
PCD SUBMITTED?	VACATION DATES		ASSIGNMENT			
HQ NOTIFICATION REQUESTED?	DEPUTY	DATE / TIME	SPECIAL REQUEST DISTRIBUTION			
SUSPECT / SUBJECT FIELD RELEASE APPROVED BY:		DATE / TIME	CRIME BROADCAST BY:	DATE / TIME	SECRETARY	

COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT  
**INCIDENT REPORT**

*A TRADITION OF SERVICE*

URN# \_\_\_\_\_  
 TAG # \_\_\_\_\_  
 DATE \_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_

<b>VEHICLE</b>	LICENSE (STATE & NUMBER)	YEAR	MAKE	MODEL	BODY TYPE	COLOR
VEHICLE FOR VICTIM # _____	REGISTERED OWNER	IDENTIFYING FEATURES				
VEHICLE FOR SUSPECT # _____						
<b>STATUS</b>		CHP 180 SUBMITTED?	GARAGE NAME & PHONE			
DESCRIPTION OF DAMAGE						
<b>VEHICLE</b>	LICENSE (STATE & NUMBER)	YEAR	MAKE	MODEL	BODY TYPE	COLOR
VEHICLE FOR VICTIM # _____	REGISTERED OWNER	IDENTIFYING FEATURES				
VEHICLE FOR SUSPECT # _____						
<b>STATUS</b>		CHP 180 SUBMITTED?	GARAGE NAME & PHONE			
DESCRIPTION OF DAMAGE						

**SCREENING FACTORS**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1. SUSPECT IN CUSTODY    | <input type="checkbox"/> 3. UNIQUE SUSPECT IDENTIFIERS | <input type="checkbox"/> 5. UNIQUE VEHICLE IDENTIFIERS |
| <input type="checkbox"/> 2. SUSPECT NAMED / KNOWN | <input type="checkbox"/> 4. VEHICLE IN CUSTODY         | <input type="checkbox"/> 6. WRITER/REVIEWER DISCRETION |

**PROPERTY CODE:**

**S – STOLEN • R – RECOVERED • L – LOST • F – FOUND • E – EMBEZZLED • D – DAMAGED • K – SAFEKEEPING**  
 (Use all applicable Codes; for example, if property is both Stolen and Recovered, Code is S/R)

**RELEASED TO**

CODE	ITEM #	QUAN.	DESCRIPTION (Include kind of article, trade name, identifying numbers, physical description, material, color, condition, age and present market value)	SERIAL #	VALUE